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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
08/27/2019	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2019/1										
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi a single statement of account and royalty fee payment covering the entire accounting period Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 006235										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC.										
	00623520191										
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626										
С	INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of										
System	1 IDENTIFICATION OF CABLE SYSTEM:	<u> </u>	<u> </u>	<u> </u>							
	MAILING ADDRESS OF CABLE SYSTEM: 310 N. VAN BUREN 2 (Number, street, rural route, apartment, or suite number) ELK CITY, OK 73644 (City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b							
Area	with all communities.	T									
Served First	CITY OR TOWN ELK CITY	STATE OK									
Community	Below is a sample for reporting communities if you report multiple cha		nace G								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#							
Sample	Alda	MD	Α	1							
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 Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

FORM SAJE. PAGE 10.			OVOTEM ID#								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#								
CABLE ONE, INC.			006235								
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-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.											
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-							
ELK CITY	OK			First							
BECKHAM COUNTY	OK			Community							
CLINTON	OK										
CORDELL	OK										
GREER COUNTY HOBART	OK OK										
KIOWA COUNTY	OK			See instructions for additional information							
MANGUM	OK			on alphabetization.							
SAYRE	OK										
				Add rows as possessary							
				Add rows as necessary.							
	_										

1	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

006235

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2				
	NO. OF			П		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
 Service to first set 	1,969	\$	40.00					
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel	418	\$	8.00					
Commercial	229	\$	36.00					
Converter								
Residential								
Non-residential								
				1 ľ		1	***************************************	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1							
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE	
Continuing Services:			Installation: Non-residential					
• Pay cable			Motel, hotel			EXPANDED BASIC	\$	40.00
Pay cable—add'l channel			Commercial					
Fire protection			Pay cable			COMMERCIAL DMS	\$	40.00
Burglar protection			 Pay cable-add'l channel 			TIVO MINI	\$	7.00
Installation: Residential			Fire protection			НВО	\$	15.00
First set	\$	90.00	Burglar protection			SHOWTIME	\$	17.00
Additional set(s)	\$	60.00	Other services:			STARZ/ENCORE	\$	17.00
• FM radio (if separate rate)			Reconnect	\$	60.00	DVR	\$	15.00
Converter			Disconnect			HDTV RECEIVER	\$	5.00
			Outlet relocation	\$	60.00	CINEMAX	\$	17.00
			 Move to new address 	\$	30.00	DVP	\$	15.00
						TIVO-Q	1	\$15.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 006235 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) **KAUT** 40 OKLAHOMA CITY, OK ı **KFOR** 27 Ν OKLAHOMA CITY, OK See instructions for additional information **KOCB** 33 ı OKLAHOMA CITY, OK on alphabetization. **KOCO** 7 Ν OKLAHOMA CITY, OK 24 **KOKH** 1 OKLAHOMA CITY, OK **KOPX** 50 I OKLAHOMA CITY, OK **KSBI** 51 OKLAHOMA CITY, OK **KWET** 8 Ε CHEYENNE, OK **KWTV** 9 Ν OKLAHOMA CITY, OK

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Namo		
CABLE ONE, II	NC.				006235	Hamo		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs psections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for inde								
Note. If you are utilizing	ig multiple chai		·	•	спаппенше-ир.			
		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			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Namo		
CABLE ONE, II	NC.				006235	Train 0		
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	_	CHANN	EL LINE-UP	AC				
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				006235	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine effect or a consistency or a consi	ne accounting In June 24, 198 4), or 76.63 (r d in the next pespect to any titions, or auth G—but do list titute basis. ce I, if the sta erning substit sign. Do not r in a station acc streams must ber the FCC h	period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tition was carried ute basis station eport origination coording to its ow- be reported in of as assigned to	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statistical statement of the second program service the television statistical statement of the second program service the television statistical statement of the second program service the television statistical statement of the second program service the second program service that the second	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the sute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- on stream separately; for example son for broadcasting over-the-air in	Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local servic Column 5: If you had be system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	estem carried the in each case we entering the lecast), "E" (for no ese terms, see pation is outside ce area, see pare entered "You entered "You entered "You entered into on a part-tirion of a distant entered into on a primary transisimulcasts, also aree categories, e location of each canadian statio	the station. Whether the stater "N" (for no commercial page (v) of the state of the local servage (v) of the servage (v) of the servage (v) of the servage (v) of the servage of the state of the servage of the state of the servage (v) of the servage (v) of the station. For no, if any, give	ation is a network, "N-M" (leducational), or a general instructive area, (i.e. "cogeneral instructive area (i.e. "cogeneral instructive accounting period ause of lack of a sam that is not some 30, 2009, be association repressociation repressociations, at the name of the general in the source of the general in the source of the general in the source of the source	ork station, an indefor network multic or "E-M" (for noncotions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entictivated channel or subject to a royalty stween a cable systement or any of instructions locate list the 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 d in the paper SA3 form. y to which the station is licensed by the m which the station is identifed.	
		CHANN	EL LINE-UP	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

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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 nnel line-ups,	of the general r U.S. stations, e the name of the	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.		
	a DIGAGE						
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
SIGN	NUMBER	STATION	, ,	(If Distant)			
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FORM SA3E. PAGE 3.						T	
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		CHANN	EL LINE-UP	AF			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
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CABLE ONE, IN	NC.				006235		
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Note: If you are utilizing	ig multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AG			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Namo
CABLE ONE, IN	IC.				006235	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried only our cable system during the accounting period, except (1) stations carried only 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(
Note: If you are utilizin	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AH		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Namo
CABLE ONE, IN	IC.				006235	
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), 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), "E" (for independent), "I-M" (for independent multicast),						
Note: If you are utilizing	g multiple char	ınel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	Al		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				006235	1440
PRIMARY TRANSMITT	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 as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (fo						
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 r U.S. stations, e the name of the	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.	
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.						T
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				006235	
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), 07.66.18 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "						
Note: If you are utilizin	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE					0)/07514 ID#	
	OWNER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE	i, INC.				006235	
PRIMARY TRANSM	ITTERS: TELEVISIO	ON				
carried by your cab FCC rules and regr 76.59(d)(2) and (4) substitute program Substitute Bas basis under specife • Do not list the sta station was carr • List the station he basis. For furthe in the paper SA Column 1: List each multicast stre cast stream as "WI WETA-simulcast).	ole system during to ulations in effect on a 76.61(e)(2) and (basis, as explaine is Stations: With a FCC rules, regulation here in space ided only on a subsect of a subsect o	he accounting In June 24, 1984, or 76.63 (red in the next prespect to any attions, or auth G—but do list titute basis. ace I, if the stateming substite sign. Do not red a station acception of the statement of t	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its ov-	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your consecutive Special Statement of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in	G Primary Transmitters: Television
on which your cabl Column 3: Indiceducational station (for independent meaning of Column 4: If the planation of local search carried the distant for the retransmof a written agreem the cable system a tion "E" (exempt). Fexplanation of these Column 6: Give	e system carried the cate in each case way, by entering the leulticast), "E" (for not fitness terms, see e station is outside ervice area, see pau have entered "Yied the distant entered into ond a primary transfor simulcasts, also the location of each the locat	ne station. whether the stater "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the complete street or before Jumitter or an act of enter "E". If , see page (v) ch station.	ation is a netwo etwork), "N-M" (I educational), o e general instruc- rice area, (i.e. "c general instruct 4, you must cor- accounting perio accounting perio	ork station, an indefor network multicor "E-M" (for noncotions located in the distant"), enter "Ye ions located in the mplete column 5, and Indicate by entictivated channel of subject to a royalty stween a cable systematic thannel on any of instructions locate list the community	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system	
Note: If you are uti	lizing multiple char		use a separate		channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	IC.				006235			
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), "I" (for independent), "I-M" (for i								
the cable system and a	a primary transi	mitter or an as	ssociation repres	senting the primar	ry transmitter, enter the designa-			
Note: If you are utilizin	g multiple char	• •	use a separate s	•	cnannei iine-up.			
1. CALL	2. B'CAST		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 OWI	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, I	NC.				006235	
PRIMARY TRANSMITT	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						
explanation of these the Column 6: Give the	hree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, given nnel line-ups,	of the general r U.S. stations, e 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.	
		CHANN	EL LINE-UP	AN	I	
1. CALL		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	INUIVIDER	STATION		(II DISIAIII)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				006235	
PRIMARY TRANSMITTI	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), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Dasis 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 it is space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. * List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for no						
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Note. II you are utilizii	ig multiple chai		•		Charmer line-up.	
	4	CHANN	EL LINE-UP	AO		
1. CALL	2. B'CAST		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
	•					
		 				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWNER OF CABLE S	YSTEM:			SYSTEM ID#	Name	
CABLE ONE, INC.				006235		
PRIMARY TRANSMITTERS: TELEVISI	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), "E" (for noncommercial educationa						
explanation of these three categories	s, see page (v)	of the general	instructions locate	d in the paper SA3 form.		
FCC. For Mexican or Canadian station	ons, if any, give	e the name of th	ne community with	which the station is identifed.		
Note: If you are utilizing multiple cha		•		cnannei line-up.		
	CHANN	EL LINE-UP	AP			
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			
NOMBER	STATION		(If Distant)			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				006235	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.66.16(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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), "E" (for independent), "I-M" (for						
Note: If you are utilizing	g multiple char	•	•	•	channel line-up.	
		CHANN	EL LINE-UP	AQ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				006235	
PRIMARY TRANSMITTI	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), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. * List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educat						
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	<u> </u>	CHANN	EL LINE-UP	ΔR	·	
	O DIGAGE	1	1		a 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	
OIOI V	NUMBER	STATION	` ,	(If Distant)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				006235	
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis is basis under specific • Do not list the station was carried • List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream	G, identify every system during the constant of the constant o	y television stane accounting on June 24, 199 4), or 76.63 (r d in the next prespect to any etions, or auth G—but do list titute basis. In the stane of the stane	period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its over	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your conservation of the Special Statement of both on a substitutions, see page (v) on program services er-the-air designation	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the aute basis and also on some other at the general instructions located as such as HBO, ESPN, etc. Identify attion. For example, report multi- an stream separately; for example	G Primary Transmitters: Television
its community of licens on which your cable so Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you heable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	se. For example ystem carried the in each case way entering the le cast), "E" (for no ese terms, see particular and its entered "Ye he distant static tion on a part-ting sion of a distant tentered into on a primary trans simulcasts, also ree categories e location of ea Canadian statio	e, WRC is Chane station. whether the station. whether the station is the concommercial page (v) of the station is column in column in column in column in column in column in column is became basis became the columnitier or an associated in columnitier	annel 4 in Wash ation is a network), "N-M" (I educational), of a general instructive area, (i.e. "or general instructive area (i.e. "or general instructive accounting period ause of lack of a sam that is not some 30, 2009, be association repression are the of the general in the control of the general in the general in the control of the general in t	ington, D.C. This ork station, an indefor network multicur "E-M" (for noncoctions located in trdistant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entictivated channel cutivated channel or activated to a royalty stween a cable system a cable system of the primary channel on any of instructions locate list the 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 d in the paper SA3 form. y to which the station is licensed by the m which the station is identifed.	
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						1		
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Namo		
CABLE ONE, IN	IC.				006235			
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), 07.66.16(e)(2) and (4), 07.66.3 (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 in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (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" "for network), "N-M" (for netw								
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AT				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.						,		
LEGAL NAME OF OWN		'STEM:			SYSTEM ID#	Namo		
CABLE ONE, IN	IC.				006235			
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.661(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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" To "for network," N-M" "for network multicast), "" (for independent), "-M" (for indep								
Note: If you are utilizin	g multiple char	inel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AU				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.						,		
LEGAL NAME OF OWN		'STEM:			SYSTEM ID#	Namo		
CABLE ONE, IN	IC.				006235			
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
Remary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.661(e)(2) and (4), 07.663 (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: 10 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. 1 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. 1 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"								
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AV				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.					
LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SYSTEM ID#	Name
CABLE ONE, INC.				006235	
PRIMARY TRANSMITTERS: TELEV	ISION				
In General: In space G, identify e carried by your cable system durin FCC rules and regulations in effect 76.59(d)(2) and (4), 76.61(e)(2) as substitute program basis, as explax Substitute Basis Stations: We basis under specific FCC rules, re Do not list the station here in spatiation was carried only on a set List the station here, and also in basis. For further information of in the paper SA3 form. Column 1: List each station's each multicast stream associated cast stream as "WETA-2". Simulo WETA-simulcast). Column 2: Give the channel n its community of license. For exaron which your cable system carried Column 3: Indicate in each cated acated acat	very television sting the accounting the accounting of on June 24, 19 and (4), or 76.63 (rained in the next lith respect to any gulations, or authore G—but do lisubstitute basis. space I, if the station cerning substitute station across streams must call sign. Do not rained the station across streams must umber the FCC Imple, WRC is Charlet the station. See whether the station were page (v) of the station during the result of the local server and the station during the retime basis because the station during the retime basis because the station on or before Juliansmitter or an also enter "E". If ries, see page (v)	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations to rizations: to the station was carried that the same station was carried that the same station was carried to the period of the reported in the station is a network that is network that is network that is not same 30, 2009, be secondation repreyou carried the to of the general	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as a carried by your case special Statement of both on a substitution, see page (v) on program services er-the-air designation of the television station of the television of the t	ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinate stream separately; for example on for broadcasting over-the-air in may be different from the channel spendent station, or a noncommercial east), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form. In the paper SA3 form. In the stream separately is the subject stating the basis on which your sering "LAC" if your cable system capacity. Payment because it is the subject stem or an association representing the transmitter, enter the designatine the basis, enter "O." For a further	G Primary Transmitters: Television
FCC. For Mexican or Canadian st Note: If you are utilizing multiple of	. , ,		•		
Note. If you are utilizing multiple of	• •	•		спаппет ше-ир.	
	CHANN	EL LINE-UP	AW		
1. CALL 2. B'CAST		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN CHANN		(Yes or No)	CARRIAGE		
NUMBE	R STATION		(If Distant)		
				<u></u>	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006235 CABLE ONE. INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	3 PERIOD: 2019/1	
LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:				SYSTEM ID#	Name	
CABLE ONE, INC.						006235	Numb	
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG					
In General: In space I, ident substitute basis during the a							I	
explanation of the programm	• .	•	•	-			Substitute Carriage:	
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
During the accounting per broadcast by a distant star		ır cable system	carry, on a substitute basi	s, any nonnet	twork television program	n ⊠No	Special Statement and Program Log	
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is "	Yes," you mu	ist complete the progra	m		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every no distant state gulations, oution. Do no Lucy" or "NE m was broad sign of the sadcast stationation and day we "5/7." es when the Example: a er "R" if the and regulation or gramming	am on a separa attach additional network televition and that your authorization at use general cast live, entertation broadca on's location (thous, if any, the when your system of a program carrielisted program ons in effect du	al pages. ision program (substitute program cable system substitute program (substitute program categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute program are community to which the community with which the stem carried the substitute program was carried by your ced by a system from 6:01:1 was substituted for program the accounting period;	rogram) that, d for the progeral instructio "basketball". o." m. station is licenstation is idenorogram. Use cable system. 5 p.m. to 6:2 mming that ye enter the letters	during the accounting ramming of another stans located in the paper List specific program need by the FCC or, in tified). numerals, with the module that the times accurate 8:30 p.m. should be our system was require ter "P" if the listed pro	nth ely		
					N SUBSTITUTE	7. REASON		
		TE PROGRAM 3. STATION'S	<u> </u>	5. MONTH	AGE OCCURRED 6. TIMES	FOR DELETION		
TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	DELETION		
					_			
					_			
	 				_			
	 							
	 							
	 							
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

006235

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE											
CALL SIGN	WHEN	I CARRIAGE O				CALL SIGN	WHEN	WHEN CARRIAGE OCCURRED			
	DATE	FROM	OUR	RS TO			DATE	FROM	IOUR	ts TO	
			_						_		
									_		
			_								
			_								
			_								
			_						_		
			_						_		
			_						_		
			_						_		
			_						_		

LEG	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name					
CA	BLE ONE, INC.		006235						
all a (as pag	Poss receipts ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secundarised in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission s compute this amount,	service see 553,231.00	K Gross Receipts					
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ${\sf k}$ 3 below.	e entered on line 1 of							
-	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2 in bl	ock						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line	•						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	e is 1.064 percent of t	the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 5	553,231.00						
	Enter the result here. This is your minimum fee.	\$	5,886.38						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule. No—Leave block 3 below blank and c	nn 4, you must check							
Block 3	Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	-						
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00						
	Line 3. Add lines 1 and 2 and enter here	\$	-						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	5,886.38	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	r	0.00	submitting additional					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	6,611.38	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the							

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC.	006235
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statio to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ns
	1. Enter the total number of channels on which the cable	12
	system carried television broadcast stations	
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	278
	and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further	Name EMERSON YEARWOOD Telephone 602-	364-6195
Information	Address 210 E. EARLL DRIVE	
	(Number, street, rural route, apartment, or suite number) PHOENIX, AZ 8512-2626	
	(City, town, state, zip)	
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulation	ns
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or	m as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B.	f the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained her are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	ein
	X /s/ Raymond Storck	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus comp	
	Typed or printed name: RAYMOND STORCK	
	THE VICE PRECIDENT	
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
	Date: August 28, 2019	

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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name					
CABLE ONE, INC. 006235						
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?						
X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q					
Line 1 Enter the amount of late payment or underpayment	Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here						
Line 3 Multiply line 2 by the number of days late and enter the sum here						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)						
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please						
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.						
Owner Address						
First community served Accounting period ID number						

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

ACCOUNTING PERIOD: 2019/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

ACCOUNTING PERIOD: 2019/1

DSE SCHEDULE. PAGE 11. (CONTINUED)						
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006235					
1						
	SUM OF DSEs OF CATEGORY "O" STATIONS:					
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.					
					0.00	
	Instructions:					
2	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).					
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-					
of DSEs for	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs					
Category "O" Stations	CALL SIGN	DOE	CALL SIGN		CALL SIGN	DCE
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						

Ī		1				

Name	CABLE ONE	OWNER OF CABLE SYSTEM:					\$	SYSTEM ID# 006235					
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	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,												
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSFs							
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAG VALUE	F 5. TYP		SE					
			÷		=	x	=						
							<u>=</u>						
						x x	=						
			÷		=		=						
			÷		=		=						
					=		=						
			÷		=	x	=						
	Add the DSEs	of CATEGORY LAC Sof each station. um here and in line 2 of p		chedule,	>	0.0	00						
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference to Broadcast of space I). Column 2: at your option. Column 3: Column 4:	re the call sign of each start by your system in substant on October 19, 1976 (one or more live, nonnetwork). For each station give the This figure should correst the number of days Divide the figure in column this is the station's DSE	itution for a price as shown by to ork programs of number of living spond with the sint the calence in 2 by the figure (For more information).	ogram that your syster the letter "P" in column during that optional carrie, nonnetwork program a information in space I lar year: 365, except in ure in column 3, and giormation on rounding, s	n was permitted 7 of space I); ar iage (as shown b as carried in sub- a leap year. ve the result in of see page (viii) of	to delete under FCC rund y the word "Yes" in colunt stitution for programs the column 4. Round to not the general instructions	nn 2 of nat were deleted less than the third	orm).					
				-BASIS STATION									
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE					
		+		<u>=</u>			÷	=					
		-		=			÷						
		+		=			÷	=					
		+		=			÷	=					
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p				0.0	00	=					
5 Total Number of DSEs	number of DSE 1. Number o 2. Number o 3. Number o	ER OF DSEs: Give the am s applicable to your syster of DSEs from part 2 of DSEs from part 3 of DSEs from part 4 of DSEs PSEs		e boxes in parts 2, 3, and	d 4 of this schedu	le and add them to provi	0.00 0.00 0.00	0.00					
	TOTAL NUMBE	ER OF DOES					_^	0.00					

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

CABLE ONE, I		SYSTEM:					S	YSTEM ID# 006235	Name	
Instructions: Bloc		pleted								
In block A: If your answer if			nart 6 and nart	7 of the DSE sche	edule hlank ar	nd complete pa	art 8 (nage 16) of	the	6	
schedule. • If your answer if				7 01 110 202 0011		ia complete pe	art o, (pago 10) or	110		
i your answer ii	No, complete bit			ELEVISION M.	ARKETS				Computation of	
Is the cable syster effect on June 24,	1981?		•	aller markets as de				gulations in	3.75 Fee	
	olete blocks B and									
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs				
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 on ne 25, 1981. For fune letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see the	he		
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]										
	C Noncommeric	cal educational d station (76. or DSE sched	al station [76.5 65) (see parag lule).	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)				
	*F A station pre	viously carrie JHF station w	ed on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)		
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		
								<u> </u>		
								0.00		
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				-	
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			,			
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove			-			
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.				
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially	
Line 5: Multiply li	ine 4 by 0.0375	and enter so	um here						permited/ partially nonpermitted	
Line 6: Enter tota	al number of DS	Es from line	3				x		carriage? If yes, see part 9 instructions.	
Line 7: Multiply li	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 006235 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE SIGN BASIS SIGN BASIS SIGN BASIS Computation of 3.75 Fee

Name	CABLE ONE, IN		STSTEM.							006235			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections												
		PERMITT	ED DSE FOR S	TATIONS CARRI	ED	O ON A PART-TIME AN	ND SUBSTI	TUTE BASIS					
	1. CALL								6. P	ERMITTED			
	SIGN	DSE		PERIOD		CARRIAGE]	OSE		DSE			
											••••		
7	Instructions: Block A	nust be com	npleted.										
Computation	In block A: If your answer is	"Yes " comple	ete blocks B and	C. helow									
of the	1				pa	art 8 of the DSE sched	ule.						
Syndicated	,	·	BLO	CK A: MAJOR	TI	ELEVISION MARK	ET						
Exclusivity											_		
Surcharge	Is any portion of the or	cable system v	vithin a top 100 m	ajor television ma	rke	et as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?			
	Yes—Complete	blocks B and	IC.			X No—Proceed to	part 8						
	BLOCK B: Ca	arriage of VHI	F/Grade B Conto	ur Stations		BLOCK	K C: Compu	itation of Exem	pt DSE	3			
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places				Was any station listed nity served by the cab to former FCC rule 76	ole system p						
	Yes—List each s	tation below wi	th its appropriate p	ermitted DSE		Yes—List each st	tation below	with its appropri	ate permi	itted DSE			
	X No—Enter zero a	and proceed to	part 8.			X No—Enter zero a	nd proceed t	o part 8.					
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE			
								-					
			-					-					
			-					-					
		1	TOTAL DSEs	0.00			+	TOTAL DS	Es	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 006235	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	553,231.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	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	Exclusivity 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? 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	iE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
35	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	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		

		SYSTEM ID#
•	CABLE ONE, INC.	006235
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 If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be in the image of the image o	low
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
• Did y		
	Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
Section 1	Enter the amount of gross receipts from space K (page 7)	00_
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	.00
Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1).	
	Section 4b Instru You m 6 was In blo If you blank What were lo service Did y Section 1 Section 2	## 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 B by 3.000 and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 1. block 4, space L (page 7) Syndicated Exclusivity Surcharge. Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p6 was checked "Yes," use the total number of DSEs from part 5. In block A, indicate, by checking "Yes" or "No," whether your systems carried any partially distant stations. If your answer is "Yes" (that is, if you carried one or more partially distant stations are related in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations are service area, "see page (v) of the general instructions. BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE 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, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 2) and enter here. D. Multiply line B by line C and enter here. D. Multiply line B by line C and

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
CABL	E ONE, INC.	006235	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4			8
	A. Enter 0.01064 of gross receipts (the amount in section 1) **S		•
		_	_
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here	_	
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \(\bigs\)		
	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 broadcast		
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac on, you must:	vantage of this	of
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	the came	Base Rate Fee and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine	the number of	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	each group.	Surcharge
_	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p	art 7, you must	for Partially
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bel		Distant
-	cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
	 Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant stati 	on you	Permitted
carried	to that community.		Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located 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.)		
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant.	Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.	ıt a cable	
Compi groups	Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst.	em's subscriber	
	section:		
	fy the communities/areas represented by each subscriber group. The call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all	of the	
	bers in the group.	0. 0.0	
• If:			
	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,	parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bl 6 of this schedule.	ock B,	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	structions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the part In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that group's complement of stations and total gross receipts from the subscribers in that group). You do not need	it is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006235 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWI		LE SYSTEM:				S	YSTEM ID# 006235	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	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 Syndicated
								Exclusivity
								Surcharge
								for
							<u></u>	Partially
	····		<u></u>				<u></u>	Distant Stations
			···					Stations
						-		
Total DCCa			0.00	Total DCCs			0.00	
Total DSEs				Total DSEs				
Gross Receipts First	Group	\$ 553	3,231.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
				-		 		
	••••		···			<u> </u>	····	
	····						<u></u>	
						H		
			•••••••••••••••••••••••••••••••••••••••					
Total DSEs		·	0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	s above.	\$	0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	O06235	Name		
BL				TE FEES FOR EACH						
	FIFTH	SUBSCRIBER GROU			SIXTH	SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
								Base Rate Fee		
								and		
					<u> </u>			Syndicated		
					<u></u>		<u>.</u>	Exclusivity		
					<u> </u>			Surcharge for		
		-			<u></u>		····	Partially		
								Distant		
					<u> </u>			Stations		
					<u></u>		<u>.</u>			
					<mark></mark>		····			
					<u></u>	-				
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		\$	0.00	Base Rate Fee Secon		\$	0.00			
	EVENTH	SUBSCRIBER GROU			EIGHTH	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>					
					<u>-</u>					
					<u> </u>					
					<mark></mark>					
					<u>-</u>					
					<u></u>	-				
					<u> </u>					
Total DSEs			0.00	Total DSEs			0.00			
		•			h Craun	•				
Gross Receipts Third G	ιουρ	4	0.00	Gross Receipts Fourth	i Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$				

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 006235	Name		
				ATE FEES FOR EAG						
		SUBSCRIBER GRO			TENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0					
COMMUNITY/ AREA			0		0	9 Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fo		
		 			·····			and Syndicated		
		H						Exclusivity		
								Surcharge		
		 -						for		
		<u> </u>						Partially Distant		
		 						Stations		
					·····					
			····		•••••					
Total DSEs	•		0.00	Total DSEs	•	•	0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
oroso receipto i not	Cioup	•	0.00	Cross receipts dec	ona Group	*				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
	ELEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	I SUBSCRIBER GRO	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		<u> </u>								
	·····	H	····		•••••					
		<u> </u>			·····					
		H								
	·····	H			·····					
		H	••••							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00			
										
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$				

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006235								
				ATE FEES FOR EAC		RIBER GROUP			
		SUBSCRIBER GRO		TI .		9			
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE/	0	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
			<u></u>					and	
		-	<u> </u>					Syndicated Exclusivity	
			<u>-</u>		•••••			Surcharge	
								for	
			<u></u>					Partially	
			<mark></mark>					Distant Stations	
			<u> </u>			•		Stations	
		<u> </u>	<u> </u>						
			<u>-</u>						
			<u>-</u>						
Total DSEs			0.00	Total DSEs		11	0.00		
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00		
Gross receipts i iis	Coloup	<u> </u>	0.00	Cross receipts occi	ona Oroup	*	0.00		
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
		SUBSCRIBER GRO		II		SUBSCRIBER GRO	UP		
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE/					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u></u>				<u></u>		
			-		·····				
			<u></u>						
		-	<u> </u>			•			
			<u> </u>						
			<u></u>		<u>.</u>				
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00		
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add Enter here and in bl			criber group	as shown in the boxe	s above.	\$			
		cpaco = (pago 1,				<u>*</u>			

CABLE ONE, INC	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006235								
				ATE FEES FOR EAC					
		SUBSCRIBER GROU		El		9			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
					<u></u>			and	
								Syndicated Exclusivity	
	···							Surcharge	
		-						for	
					<u></u>			Partially	
	<u> </u>							Distant Stations	
							<u> </u>	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	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 Fourt	h Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
				••					
Base Rate Fee: Add to Enter here and in blood			riber group	as shown in the boxes	above.	\$			

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 006235	Name	
				ATE FEES FOR EACH					
		SUBSCRIBER GROU	JP 0	TWENT	TWENTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA			<u>U</u>	COMMUNITY/ AREA	0	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
					<u></u>			Base Rate Fee	
					<u></u>			and Syndicated	
					···			Exclusivity	
								Surcharge	
								for Partially	
								Distant	
								Stations	
								İ	
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								İ	
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Total DSEs			0.00	Total DSEs			0.00	ı	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	1	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00		
		SUBSCRIBER GROU		II		I SUBSCRIBER GROU	JP	İ	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	İ				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ	
					<u></u>			İ	
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Total DSEs			0.00	Total DSEs		П	0.00	1	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	İ	
	•				•			1	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	1	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006235	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC				
	TY-FIFTH	SUBSCRIBER GRO		ii -		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.22 0.0.1	202	07.122 0.011	332	07.122.01011	202	07.22 0.0.1	302	Base Rate Fee
								and
								Syndicated
				-				Exclusivity
	. 		<u>-</u>					Surcharge for
	<u></u>		<u>-</u>		····			Partially
								Distant
								Stations
			<mark>-</mark>					l
			<u>.</u>					l
	······································		.			•		l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	1
.			0.00				0.00	l
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	1
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GROU)P	l
COMMONITY AREA				COMMUNITY AREA				1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
			<u> </u>					l
			-		····			l
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								l
			<u> </u>					l
								l
Total DSEs			0.00	Total DSEs		II	0.00	1
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
								İ
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	1
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		1

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-				Exclusivity Surcharge
		-			<u></u>			for
		-						Partially
								Distant
								Stations
					<u></u>			l
	····				<u></u>			l
		-			<u></u>			l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	JP	THIRT	Y-SECONE	SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
								l
								l
	···							l
								l
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								l
					<u></u>			l
		-			<u></u>			l
								l
								l
								l
					<u></u>			l
Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	İ
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	1
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU	JP 0	III		I SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA				COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	····				<u></u>			and Syndicated
					···			Exclusivity
								Surcharge
		-						for Partially
								Distant
								Stations
								
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THI	RTY-FIFTH	SUBSCRIBER GROU	JP	THI	RTY-SIXTH	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>	
		-						
								
		-						
Total DSEs			0.00	Total DSEs		П	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
							_	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006235	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	SEVENTH	SUBSCRIBER GRO		†		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity Surcharge
		H						for
								Partially
		_						Distant
								Stations
	<u></u>							
	···		<u>.</u>		····			
	•							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GRO	JP		FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
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		H						
	<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	
2.000 Notolpto Tilliu	oup	•	3.30	Sicos Receipts i dul	O.Oup	*		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 006235	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU		11	Y-SECONE	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u> </u>				<u></u>			and
	····							Syndicated Exclusivity
					-	- 		Surcharge
		-						for
								Partially
					<u></u>			Distant Stations
					<u> </u>			Stations
	<u></u>				<u></u>			
					<u> </u>			
Total DSEs		!	0.00	Total DSEs		-!-!	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Gross Receipts First	Gloup		0.00	Gloss Receipts Secon	id Group	Ψ	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		II	Y-FOURTH	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	l Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
				ATE FEES FOR EAC				
	RTY-FIFTH	SUBSCRIBER GRO		11		H SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
			<u> </u>					Exclusivity Surcharge
						•	••••	for
								Partially
								Distant
		-						Stations
			<u> </u>		<u></u>			l
			<u>-</u>		·			l
								l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FORTY-	SEVENTH	SUBSCRIBER GRO	UP	FOR	TY-EIGHTH	SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
								l
						-		l
	···		<u> </u>					l
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					<u></u>			l
			<u> </u>					l
			······································					l
Total DSEs	1		0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	1
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	l
Base Rate Fee: Add to			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN		LE SYSTEM:				S	YSTEM ID# 006235	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC				
		SUBSCRIBER GRO				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 Fe
								and
								Syndicated
	<u></u>							Exclusivity Surcharge
		-						for
								Partially
								Distant
								Stations
	<u></u>				<u></u>			
	····	 	····		·····			
	····	<u> </u>	••••		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	•				·	·		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-FIRST	SUBSCRIBER GRO	OUP	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>		····		·····			
		-						
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
	_			Total DSEs			_	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	<u>\$</u>	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	the base ra	te fees for each subs		Base Rate Fee Fou		\$	0.00	

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
E	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
FII	FTY-THIRD	SUBSCRIBER GRO		FIF	TY-FOURTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
							•••••	and
								Syndicated
								Exclusivity
								Surcharge
						-		for
	••••							Partially Distant
	••••					-		Stations
	••••							
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	
C. 300 Protopio Triilu	J. Oup	*		2.000 1.000ipto 1 0u	O.Jup	<u>*</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

Name	YSTEM ID# 006235	S				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	_OCK A: (Bl
9	JP	SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computati	0	COMMUNITY/ AREA				COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate Exclusivit								
Surcharg								
for						-		
Partially								
Distant								
Stations						-		
							<u> </u>	
						-		•••••
			<u> </u>]]	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gi
	JP	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GRO	TY-NINTH	FIFT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
						-		
						-		
							<u></u>	
						-		
			·				•	
	0.00			Total DSEs	0.00			Fotal DSEs
	-	s	Group				Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third G

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
				ATE FEES FOR EAC				
	(TY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······································		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
	<u>.</u>							Syndicated
								Exclusivity Surcharge
	····	-	······································		····		····	for
								Partially
								Distant
	<u>.</u>							Stations
								
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SIX	TY-THIRD	SUBSCRIBER GRO	UP	SIX	TY-FOURTH	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>		····		····	
					<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 t Enter here and in bloc			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	(TY-FIFTH	SUBSCRIBER GRO		tt -		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
Of IEE OF OTT	502	O'ALL STOTA	DOL	OF ILLE CICIT	502	OF ILLE STORY	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
		_						for
			<u></u>					Partially
								Distant
	<mark></mark>	_			·····			Stations
							<u></u>	
			 			-	<u> </u>	
			 			-		
								
			···			+		
Total DSEs		<u> </u>	0.00	Total DSEs		!!	0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Cross recorpts i not c	лоар	<u> </u>	0.00	Cross receipts eee	ona Group	•	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-	SEVENTH	SUBSCRIBER GRO	DUP	SI	XTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	···	_			·····			
			<u></u>		·····			
					·····	-		
	···		 			-	····	
						-		
		H						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
D D-(E - T) (2		0.00	D D (5 - 5			0.00	
Base Rate Fee Third	oroup	\$	0.00	Base Rate Fee Fou	ıın Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	s above.	\$		

	906235	3				LE SYSTEM:	ER OF CABI	CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION C	LOCK A: (BI
9		SUBSCRIBER GROU	VENTIETH	Ħ		SUBSCRIBER GRO	TY-NINTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate Exclusivit		,			-		<u></u>	
Surcharg					-			
for						=		
Partially								
Distant		 						
Stations			<u> </u>					
					·		···	
		·				-	<u> </u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-SECOND	SEVENT	UP	SUBSCRIBER GRO	TY-FIRST	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		 	.					
					<mark></mark>			
		1						
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourti	0.00	\$	Group	
		\$	Group			\$	Group	Total DSEs Gross Receipts Third C

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006235								
				ATE FEES FOR EAC					
SEVE COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	SEVEN COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	9	
COMMUNITY/ AREA	······································			COMMUNITY AREA	······································			Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
			<u> </u>					Base Rate Fee	
				-				and Syndicated	
			<u>-</u>					Exclusivity	
								Surcharge	
		-	<u> </u>					for Partially	
			<u> </u>					Distant	
								Stations	
			<u></u>						
Total DSEs 0.00			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
		SUBSCRIBER GRO		III		SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u> </u>						
			<u></u>			_			
			. 				<u></u>		
			<u>-</u>						
			<u> </u>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Gross Receipts Third Group \$ 0.00			Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$			

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 006235	Name	
				ATE FEES FOR EAC					
		SUBSCRIBER GRO	UP 0	SEVEN COMMUNITY/ AREA		1 SUBSCRIBER GRO	UP 0	9	
COMMUNITY/ AREA				COMMUNITY AREA				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
			<u>.</u>		<mark></mark>			and Syndicated	
			<u>-</u>					Exclusivity	
								Surcharge	
								for	
			<mark>-</mark>		····	-		Partially Distant	
			·					Stations	
		-							
				-					
			 		····	-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	and Group	\$	0.00		
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00		
SEVE COMMUNITY/ AREA		SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GRO	0		
COMMONITITY AREA	······································			COMMONT IT 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	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		
	wp	[*	2.30		 -	Į *			
			criber group	as shown in the boxes	s above.				
Enter here and in blo	ock 3, line 1, s	space L (page 7)				\$			

LEGAL NAME OF OWN		LE SYSTEM:				S	YSTEM ID# 006235	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
		-			·····		<u></u>	Syndicated Exclusivity
								Surcharge
								for
		H						Partially
		H						Distant Stations
•••••		-	••••		••••			Gtationo
		<u> </u>						
		<u> </u>	····					
Total DSEs			0.00	Total DSEs	<u> </u>		0.00	
				Gross Receipts Second Group \$ 0.00				
Gross Receipts First Group \$ 0.00		0.00	Gross Neceipis Sec	ona Group	*	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>	····					
			·····				<u> </u>	
		<u> </u>	····					
		H	••••		·····			
		<u> </u>	····					
		 						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		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 Third Base Rate Fee: Add Enter here and in blo	the base ra	te fees for each subs		Base Rate Fee Fou		\$	0.00	

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
				ATE FEES FOR EACH				
EIGH COMMUNITY/ AREA	HTY-FIFTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP 0	9
COMMONT IT AIREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
		-						Surcharge
								for Partially
		-						Distant
								Stations
					<u></u>			
	<u> </u>							
							0.00	
Total DSEs 0.00				Total DSEs		-	0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU		II		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>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

SYSTEM ID# 006235 Name	S				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE CABLE ONE, INC.
)	IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	Bl
	SUBSCRIBER GROU	NINTIETH			SUBSCRIBER GROU	Y-NINTH	
0 Computation			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F							
and					-		
Syndicate					-		
Exclusivity Surcharge							
for	_				-		
Partially							
Distant							
Stations							
	-						
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0.00	\$		Base Rate Fee Secon	0.00	\$		Base Rate Fee First G
	SUBSCRIBER GROU	-SECOND		JP 0	SUBSCRIBER GRO	TY-FIRST	
0	COMMUNITY/ AREA 0						COMMUNITY/ AREA
N DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	=				-		
					-		
					-		
	-						
0.00			Total DSEs	0.00			Fotal DSEs
	\$	Group	Gross Receipts Fourth		<u>-</u>		
U UU	<u>*</u>	Jioup	Cross receipts rourt	0.00	Gross Receipts Third Group \$ 0.00		
0.00							

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006235								
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	TY-THIRD	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0.122 0.0.1	202	0,120,011	332	07.122.01.01.1	1 202	0/122 0.0.1	302	Base Rate Fee
								and
								Syndicated
			-		<u></u>			Exclusivity
	. 		<u>-</u>		<u></u>		····	Surcharge for
	<u></u>		<u>.</u>		<u></u>			Partially
								Distant
		-						Stations
		_	<u>.</u>					
	<u> </u>		.				•••••••••••••••••••••••••••••••••••••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Second Group \$ 0.			0.00		
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-FIFTH	SUBSCRIBER GRO		11		I SUBSCRIBER GROU		
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>		····	
	······································	-	<u>.</u>					
		-						
	<u></u>		<mark>.</mark>					
	. 		<u>-</u>		<u></u>			
Total DSEs			0.00	Total DSEs		I	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	·				•			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006235								Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	SEVENTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
			<u>-</u>		<u></u>			Exclusivity Surcharge
	······································						•••••	for
								Partially
								Distant
		-	<u>.</u>					Stations
	<u></u>		<u>.</u>					l
	···	-	<u>-</u>					l
	•							l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	nd Group	\$	0.00	1	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GRO	UP	ONE H	JNDREDTH	SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
			<u>.</u>					l
			<u>-</u>		<u> </u>			l
	<u> </u>		<u>-</u>		<u></u>			l
								l
								l
	<u></u>		<u>.</u>		<u></u>			l
								l
								l
			<u> </u>					l
			<mark>-</mark>					l
								l
	<u> </u>		<u> </u>		<u></u>			l
Total DSEs			0.00	Total DSEs		-	0.00	1
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	İ
Base Rate Fee Third (Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourt	h Group	\$	0.00	l
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDE	RED FIRST	SUBSCRIBER GRO	DUP	H		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
						<u> </u>		Exclusivity Surcharge
						-		for
								Partially
								Distant
								Stations
						-		
	····					-		
						-		
						<u> </u>		
Total DSEs 0.00			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDF	RED THIRD	SUBSCRIBER GRO	DUP	ONE HUNDR	ED FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<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	
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add a			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 006235	Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP	LID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DGL	Base Rate Fee
								and
								Syndicated
			<u></u>					Exclusivity
			<u></u>		····			Surcharge for
			-		····			Partially
								Distant
								Stations
			<u></u>					1
			<u></u>		·····			1
			<u></u>		·····			I
								I
								I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDREI	D SEVENTH	SUBSCRIBER GRO	UP	ONE HUNDR	RED EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>		·····			1
								I
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			<u></u>		·····			1
			<u> </u>					I
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			<u></u>					1
 			<u></u>		····			I
			<u> </u>					I
			•					I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
E	BLOCK A: (COMPUTATION O	BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDF	RED NINTH	SUBSCRIBER GRO	UP	ONE HUND	RED TENTH	SUBSCRIBER GROU	JP	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>	-				Exclusivity Surcharge
	····	-	···	·		-		for
	••••		······································			-		Partially
								Distant
								Stations
		-				-		
			<u> </u>	-		-		
					·····			
Total DSEs			0.00	Total DSEs		Ш	0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO		ii .		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
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Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add a			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED TH	IRTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED FO	OURTEENTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ ILL GIGIT	502	OF ILL STORY	BOL	OF ILLE CICIT	502	ON ILL STOTA	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
			<u></u>			-		Surcharge
			<u></u>			-		for Partially
			<u></u>					Distant
	••••							Stations
						-		
						<u> </u>		
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO	DUP	ONE HUNDRED	SIXTEENTH	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	<u>\$</u>	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED E	IGHTEENTH	SUBSCRIBER GROU	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and Syndicated
		H						Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
			···					Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED N	INTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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		=						
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006235	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
								
	<mark></mark>							
								
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroun	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
Cross resorpts river c	поир			ll cross rescipto cost	ond Group	<u>*</u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED TWEN	NTY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<u>.</u>					
			······					
	···		<u>-</u>		·····		<u> </u>	
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			-			·		
	···							
			<u> </u>					
T			0.00	T			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 0	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 boxe	s above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
-	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU		ONE HUNDRED TWENTY-SIXTH 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 F
								and
	••••	 	••••					Syndicated
			••••		•••••			Exclusivity
								Surcharge
								for
								Partially Distant
	••••	 	••••					Stations
	····		••••	-				
Total DSEs		Į Į	0.00	Total DSEs		11	0.00	
	0	•					-	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
IE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		••••		•••••		••••	
	····		····					
			····		·····			
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	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRI	ED THIRTIETH	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>	Exclusivity
	····			-	·····	-		Surcharge for
	····				·····	-	····	Partially
	····					-	····	Distant
								Stations
	<u>.</u>		<u></u>			-		
Total DSEs			0.00	Total DSEs			0.00	
					and Craun	•	0.00	
Gross Receipts First	Joup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU		11		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>							
	····				·····		<u></u>	
						-		
	····					-	····	
			<u></u>					
	<u>.</u>		<u></u>					
			<u></u>			-	<u></u>	
							<u> </u>	
	••••		···				<u></u>	
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006235								Name
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EACH		RIBER GROUP H SUBSCRIBER GROUF)	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
				-	<u></u>			Exclusivity Surcharge
								for
							<u></u>	Partially Distant
		-						Stations
	·····							
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED T	HIRTY-FIFTH	SUBSCRIBER GROUP	1	ONE HUNDRED TH	HIRTY-SIXTI	H SUBSCRIBER GROUP)	
COMMUNITY/ AREA	A		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 Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006235							
				TE FEES FOR EAC				
ONE HUNDRED THIR		SUBSCRIBER GROUP		it .		1 SUBSCRIBER GROUP	0	9
COMMUNITY AREA	······································		0	COMMUNITY/ AREA				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	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 TH	HIRTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDRED	FORTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				·	-			
			-		<u> </u>			
					<u></u>			
					<u></u>			
			·		<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
				TE FEES FOR EACH				
ONE HUNDRED FO	RTY-FIRST	SUBSCRIBER GROUP	0	ii e		SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA				COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
	<u></u>							Syndicated Exclusivity
				-	···			Surcharge
								for
								Partially
	<u></u>				 			Distant Stations
	<u></u>							Stations
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Total DSEs			0.00	Total DSEs		1	0.00	
			0.00	Gross Receipts Seco	nd Group	\$	0.00	
					этээр	<u>*</u>		
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	RTY-THIRD	SUBSCRIBER GROUP		ii e		H 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	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006235								
				ATE FEES FOR EACH					
	ORTY-FIFTH	SUBSCRIBER GROUP		11		SUBSCRIBER GROUP		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00		
ONE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-EIGHTH	I SUBSCRIBER GROUP	1		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add the Enter here and in blood			riber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006235								Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO	JP	ONE HUNDRE	D FIFTIETH	I SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/LEE GIGIT	BOL	OALL GIGIT	DOL	O/ALL GIGIT	DOL	OALL GIGIT	DOL	Base Rate Fee
			-					and
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Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	JP	ONE HUNDRED FIFT	Y-SECONE	SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
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Total DSEs			0.00	Total DSEs	•		0.00	l
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	l
Base Rate Fee: Add the Enter here and in block			criber group	o as shown in the boxes	above.	\$		

CABLE ONE, INC	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006235							
				TE FEES FOR EACH				
	TY-THIRD	SUBSCRIBER GROU	JP 0	İ		I SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA				COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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					···			Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIR	TY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED FI	IFTY-SIXTH	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		11	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
				Ш				
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FIFT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED F	FIFTY-EIGHTH	SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	Base Rate Fee
						-		and
								Syndicated
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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 Seco	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDE	RED SIXTIETH	I SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006235	Name
				TE FEES FOR EAC				
	FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
			<u></u>					Syndicated
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$ 553	3,231.00	Gross Receipts Sec	ond Group	\$	0.00	
							7	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO		<u> </u>		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Orosa Neccipia Tillia	Group	*	0.00	Gross Receipts For	itiii Oloup	Ψ	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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	JP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	5
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Name	YSTEM ID# 006235	5						LEGAL NAME OF OWNE CABLE ONE, INC.
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35 Name	006235							CABLE ONE, INC.
		BER GROUP	SUBSCRII	TE FEES FOR EACH				
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O	DSE O.00	SUBSCRIBER GROU	DSE OF OTHER STREET	CALL SIGN CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs

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		Total DSEs	0.00			Total DSEs
\$	n Group	Gross Receipts Fourt	0.00	\$	Group	Gross Receipts Third G
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	Group	Base Rate Fee Fourt	0.00	\$	Group	Base Rate Fee Third G
SIGN	\$	h Group \$	Total DSEs Gross Receipts Fourth Group	0.00 Total DSEs 0.00 Gross Receipts Fourth Group \$	O.00 Total DSEs \$ 0.00 Gross Receipts Fourth Group \$	O.00 Total DSEs Group \$ 0.00 Gross Receipts Fourth Group \$

						LE SYSTEM:		CABLE ONE, INC.
1 _				TE FEES FOR EACH				
∃ 9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated	<u>.</u>							
Exclusivity Surcharge								
for	····					-	<u> </u>	
Partially	····						<u>'</u>	
Distant								
Stations								
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_	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	Y-FIGHTH	TWENT	IP	SUBSCRIBER GROU	SEVENTH	TWENTY-S
<u></u>	UP 0	- OODOONIDEN ONOC	1-21011111	COMMUNITY/ AREA	UBSCRIBER GROUP 0 COMMI			COMMUNITY/ AREA
<u> </u>	DSE	II CALL SIGN	DSE	CALL SIGN	l nee	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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-	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
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Name	YSTEM ID# 006235	S			•	LE SYSTEM:		LEGAL NAME OF OWNE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GRO	TY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		-						
Syndicated								
Exclusivity Surcharge		-						
for	<u></u>	-						
Partially	<u></u>						<u>-</u>	
Distant		-						
Stations								
		<u> </u>	<u> </u>					
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	-SECOND	THIRTY	JP	SUBSCRIBER GRO	TY-FIRST	THIR
	0 0			COMMUNITY/ AREA	0		MUNITY/ 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	YSTEM ID# 006235							LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	ry-third	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Syndicate Exclusivi		-					<mark></mark>	
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Distant								
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	0.00			Total DSEs	0.00			otal DSEs
					0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	IGross Receipts Secor				•
	0.00	\$	d Group	Gross Receipts Secon		·		
	0.00	\$		Base Rate Fee Secon	0.00	\$		3ase Rate Fee First G
	0.00		d Group	Base Rate Fee Secon			roup	
	0.00	\$	d Group	Base Rate Fee Secon		\$	roup	THIR
	0.00	\$	d Group	Base Rate Fee Secon	JP	\$	roup	THIR
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	THIR
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	THIR
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	THIR
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	THIR
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	THIR
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	THIR
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	THIR
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	THIR
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	THIR
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	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	COMMUNITY/ AREA
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	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	THIR
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	THIR COMMUNITY/ AREA CALL SIGN
	O.00 JP O DSE	\$ I SUBSCRIBER GROU	d Group	THII COMMUNITY/ AREA CALL SIGN Total DSEs	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH DSE	THIR COMMUNITY/ AREA CALL SIGN Fotal DSEs
	0.00 JP	SUBSCRIBER GROU	d Group	Base Rate Fee Secon THII COMMUNITY/ AREA CALL SIGN	DSE O.00	SUBSCRIBER GROU	TY-FIFTH DSE	THIR

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 006235	Name
				TE FEES FOR EAC				
	SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fee
	<mark></mark>	-						and
	<mark></mark>				<u>.</u>			Syndicated
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	MMUNITY/ AREA				١		0 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts 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	above.	\$		

Name	YSTEM ID# 006235				•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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	0.00	II .		Total DSEs	0.00		- !!	Total DSEs
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	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	-FOURTH	FORTY	JP	SUBSCRIBER GRO	TY-THIRD	FOR1
	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
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	_	\$	Group			\$	Group	

	YSTEM ID# 006235	S				LE SYSTEM:	R OF CABL	CABLE ONE, INC.
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A: (BI
9	JP	SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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Exclusivity Surcharge		H					<u></u>	
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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 Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	FOR ⁻	UP	SUBSCRIBER GRO	SEVENTH	FORTY-
	0				0		IMUNITY/ AREA	
				COMMUNITY/ AREA			***************************************	
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	\$		CALL SIGN		CALL SIGN		CALL SIGN CALL SIGN Total DSEs Gross Receipts Third C

GROUP O Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 O.00 GROUP O	BER GROUP SUBSCRIBER GROU	FIFTIETH	TE FEES FOR EACH	BASE RA			
O Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 O.00 O.00 GROUP O							
Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 GROUP 0	CALL SIGN	T 505	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-NINTH	FORT
Base Rate F and Syndicate Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 GROUP 0	CALL SIGN	T 505	COMMONT IT AIREA				COMMONT IT AILA
and Syndicate Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 GROUP 0		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 GROUP 0		ļ					
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for Partially Distant Stations 0.00 0.00 GROUP 0							
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GROUP 0	Gross Receipts Second Group \$ 0.00				\$	oup	Gross Receipts First G
0	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
	SUBSCRIBER GROU	/-SECOND	FIFTY	JP	SUBSCRIBER GROU	TY-FIRST	FIF
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LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 006235	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GRO			Y-FOURTH	SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-				-		and
								Syndicated
					<u> </u>	 		Exclusivity Surcharge
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								Distant
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Total DSEs	! !		0.00	Total DSEs	ļ	Ш	0.00	
Gross Receipts First G	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	
FIF	TY-FIFTH	SUBSCRIBER GRO	UP	FI	FTY-SIXTH	SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs		Ш	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
e base				Base Rate Fee Fourth		\$	0.00	

	YSTEM ID# 006235	S			· 	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.	
				TE FEES FOR EACH					
9	JP	SUBSCRIBER GROU	Y-EIGHTH	FIFT		SUBSCRIBER GROU	SEVENTH	FIFTY-S	
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	0.00		Total DSEs	
-	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GROU	ΓY-NINTH	FIFT	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
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	0.00			Total DSEs	0.00			Total DSEs	
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	0.00	3	Group	Gross Receipts Fourth	0.00	\$	лоар	0.000 u	

Name	YSTEM ID# 006235	S				LE STSTEM.		CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated Exclusivity							<u></u>	
Surcharge							. 	
for		<u> </u>					<u>-</u>	
Partially		-			•			,
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-FOURTH	SIXT	UP	SUBSCRIBER GRO	TY-THIRD	SIX
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
				COMMONITITY AREA				
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	
		CALL SIGN		CALL SIGN		CALL SIGN		Total DSEs Gross Receipts Third (

NI	YSTEM ID# 006235							LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
٥		SUBSCRIBER GROU	KTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Q Computat of Base Rate and Syndicat Exclusiv Surcharg for Partially	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
	<u></u>							
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Partially								
Distant								
Stations								
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	0.00		Total DSEs		0.00			otal DSEs
				Cross Bossints Sass	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Gross Receipts Secon				
	0.00	\$	d Group	Gross Receipts Secon				
	0.00	\$		Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	0.00		d Group	Base Rate Fee Secon	JP	\$ SUBSCRIBER GROU		
	0.00	\$	d Group	Base Rate Fee Secon				SIXTY-S
	0.00	\$	d Group	Base Rate Fee Secon	JP			SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	0.00 JP 0	s I SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIX COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S COMMUNITY/ AREA CALL SIGN
	0.00 JP	SUBSCRIBER GROU	d Group Y-EIGHTH DSE	Base Rate Fee Secon SIX' COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.00	CALL SIGN	DSE	SIXTY-SCOMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 JP O DSE	s I SUBSCRIBER GROU	d Group Y-EIGHTH DSE	Base Rate Fee Secon SIX COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	SIXTY-S

	006235	Sì				E SYSTEM:	R OF CABL	LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	ΓY-NINTH :	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi							<u> </u>	
Surcharg							-	
Partially								
Distant						-		
Stations								
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	0.00		Total DSEs		0.00	0.00		otal DSEs
	0.00	\$	Gross Receipts Second Group \$		0.00			Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First Gr
	IP	SUBSCRIBER GROU	'-SECOND	SEVENTY	JP	SUBSCRIBER GROU	TY-FIRST	SEVEN
	0	0		COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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 				Total DSEs	0.00			otal DSEs
 	0.00			TOTAL DOES	0.00			
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-	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

LEGAL NAME OF OWNI		LE SYSTEM:				S	YSTEM ID# 006235	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
SEVEN	TY-THIRD	SUBSCRIBER GRO	UP	SEVENT	Y-FOURTH	I SUBSCRIBER GRO	UP	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
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	 						<u></u>	Distant
								Stations
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	<u></u>		···			-	<u></u>	
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	<u></u>					+		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVEN	NTY-FIFTH	SUBSCRIBER GRO	UP	SEVE	NTY-SIXTH	I SUBSCRIBER GRO	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<mark></mark>				<mark></mark>		<u> </u>	
	<u></u>						<u> </u>	
	<u></u>		···		<mark></mark>	<u> </u>	<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	_							
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 006235	S			· 	LE SYSTEM:		LEGAL NAME OF OWNER CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (BL
٥	JP	SUBSCRIBER GROU	Y-EIGHTH	SEVENT	JP	SUBSCRIBER GRO	SEVENTH	SEVENTY-S
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
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	0.00	11		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GRO	TY-NINTH	SEVENT
	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 DSFs
	0.00			Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

	006235	S'				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.	
_				TE FEES FOR EACH					
9	JP	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
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Exclusivity Surcharge		-							
for	····	-							
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-	0.00	-	Total DSEs		_	0.00		otal DSEs	
-	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr	
	P	SUBSCRIBER GROU	/-FOURTH	EIGHT	JP	SUBSCRIBER GROU	ry-Third	EIGHT	
-	0		0 COMMUNITY/ AREA				COMMUNITY/ AREA		
1	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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_	0.00			Total DSEs	0.00			Total DSEs	
1	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	
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LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 006235	Name
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GRO			HTY-SIXTH	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
			<u> </u>		<u></u>			and
			<u></u>		<u></u>			Syndicated
			<u>. </u>					Exclusivity
			<u> </u>		<u> </u>	-		Surcharge for
			<u> </u>		···			Partially
			···					Distant
								Stations
							<u></u>	
			<u> </u>		<u></u>		<u> </u>	
					<u></u>		<u></u>	
						1	0.00	
Total DSEs		0.00		Total DSEs				
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
EIGHTY-	SEVENTH	SUBSCRIBER GRO	UP	EIGH ⁻	TY-EIGHTH	I SUBSCRIBER GRO	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	DMMUNITY/ AREA 0		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u> </u>		<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
			$\overline{}$				<u> </u>	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Group \$ 0.00 Gross Receipts Fourth Gr	\$ 0.00 Gross Receipts Fourth Gr Base Rate Fee Fourth Gr e fees for each subscriber group as shown in the boxes abo	0.00 Gross Receipts Fourth Gr 0.00 Base Rate Fee Fourth Gr	Gross Receipts Fourth Gr	n Gr	oup	\$ \$	0.00	

CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations Stati DSEs 0.00 NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0	NTIETH	TE FEES FOR EACH	BASE RA			CABLE ONE, INC.	
CALL SIGN DSE CALL SIGN DSE Base Rate Fer and Syndicated Exclusivity Surcharge for Partially Distant Stations Otal DSEs		COMMUNITY/ AREA					
CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations Intel DSEs 0.00 Intel DSEs 0.0		COMMUNITY/ AREA		SUBSCRIBER GROU	ΓΥ-NINTH		
CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations Stal DSEs Coss Receipts Second Group \$ 0.00 NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA O Of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations			0			COMMUNITY/ AREA	
and Syndicated Exclusivity Surcharge for Partially Distant Stations otal DSEs 0.00 oss Receipts Second Group \$ 0.00 NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Syndicated Exclusivity Surcharge for Partially Distant Stations otal DSEs 0.00 ross Receipts Second Group \$ 0.00 NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0				ļ			
Exclusivity Surcharge for Partially Distant Stations otal DSEs O.00 ross Receipts Second Group NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0							
Surcharge for Partially Distant Stations total DSEs Toss Receipts Second Group NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0							
for Partially Distant Stations otal DSEs o							
Distant Stations Otal DSES O.00 Otal DSES O.00 See Rate Fee Second Group NINETY-SECOND SUBSCRIBER GROUP OMMUNITY/ AREA O				-			
stations Stations Otal DSEs O.00 Foss Receipts Second Group NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA O Stations							
otal DSEs otal DSEs					<u>.</u>		
soss Receipts Second Group \$ 0.00 ase Rate Fee Second Group \$ 0.00 NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0							
soss Receipts Second Group \$ 0.00 ase Rate Fee Second Group \$ 0.00 NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0							
soss Receipts Second Group \$ 0.00 ase Rate Fee Second Group \$ 0.00 NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0				-			
soss Receipts Second Group \$ 0.00 ase Rate Fee Second Group \$ 0.00 NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0							
soss Receipts Second Group \$ 0.00 ase Rate Fee Second Group \$ 0.00 NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0							
soss Receipts Second Group \$ 0.00 ase Rate Fee Second Group \$ 0.00 NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0							
NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0		Total DSEs		0.00		otal DSEs	
NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0	Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
NINETY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA 0	Danie	Base Bate Fee Coope	0.00			Dana Data Fan First ()	
DMMUNITY/ AREA 0			0.00	\$		Base Rate Fee First G	
	ECOND			SUBSCRIBER GROU	TY-FIRST		
CALL SIGN DSE CALL SIGN DSE	••••••	COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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otal DSEs 0.00		1	0.00			Total DSEs	
ross Receipts Fourth Group \$ 0.00		Total DSEs					
ase Rate Fee Fourth Group \$ 0.00	roup		0.00	\$	Group	Gross Receipts Third G	

Name	YSTEM ID# 006235	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.	
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	'-FOURTH			SUBSCRIBER GRO	TY-THIRD		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
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Syndicated									
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Distant									
Stations									
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	0.00			Total DSEs		0.00		otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
	Р	SUBSCRIBER GROU	TY-SIXTH	NINE	JP	SUBSCRIBER GRO	TY-FIFTH	NINE	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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				T. / I DOE	0.00			Total DSEs	
	0.00			LIOTALDSES					
	0.00		0	Total DSEs		_	.		
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	

Name	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 006235								
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and						-			
Syndicated									
Exclusivity Surcharge		-							
for		-				-	<u></u>		
Partially						-	<u>-</u>		
Distant	••••	-							
Stations									
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr	
	IP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GRO	TY-NINTH	NINET	
	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	

GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC.				S	O06235	Name
BLOCK A: COMPUTATION OF BAS	SE RA					
ONE HUNDRED FIRST SUBSCRIBER GROUP			SECOND	SUBSCRIBER GROU		9
DMMUNITY/ AREA	0	COMMUNITY/ AREA			0	Computation
CALL SIGN DSE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						Base Rate F
				-		and
				-	<u> </u>	Syndicated Exclusivity
			-			Surcharge
						for
						Partially
······································			<u>.</u>	 		Distant
			<u>.</u>	-	<u></u>	Stations
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tal DSEs 0	0.00	Total DSEs		Į Į	0.00	
oss Receipts First Group \$ 0	0.00	Gross Receipts Secon	d Group	\$	0.00	
	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED THIRD SUBSCRIBER GROUP) FOURTH	SUBSCRIBER GROU	_	
DMMUNITY/ AREA	0	COMMUNITY/ AREA			0	
CALL SIGN DSE CALL SIGN	DSE	CALL SIGN	T =	T1		
			DSE	CALL SIGN	DSE	
STEE OF STREET			DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	
	1.00	Total DSEs	DSE	CALL SIGN	DSE	
tal DSEs		Total DSEs Gross Receipts Fourth		\$		
tal DSEs pss Receipts Third Group 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00	Gross Receipts Fourth	Group	\$	0.00	
tal DSEs Oss Receipts Third Group \$ 0).00		Group		0.00	

	ID	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	SOBSCRIBER GROC	LD SIXTIT	COMMUNITY/ AREA	0	SOBSCINDEN GIVOC		COMMUNITY/ AREA
Computati						T		
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
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Exclusivi								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
	JP	SUBSCRIBER GROL	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
	ONE HUNDRED EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA O							OMMUNITY/ AREA
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs ross Receipts Third G

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABL	E SYSTEM:	•			Sì	O06235	Name
BLC	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED	HTNIN C	SUBSCRIBER GROU	JP	ONE HUNDRE	ED TENTH	SUBSCRIBER GROU	IP	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
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Total DSEs	ļ		0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED ELE	EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	IP	
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	I		0.00	
Gross Receipts Third Gro	guo	s			Group	\$		
c. 550 Procepto Tima Off	- 4 P			C. CCC Procespio 1 Outili	Sioup	<u>*</u>		
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	\$ e fees for each sul	bsc	0.00	Gross Receipts Fourth Base Rate Fee Fourth	Group	\$ \$	0.00	

CABLE ONE, INC.	₹ OF CABL	LE SYSTEM:				S	YSTEM ID# 006235	Name
				TE FEES FOR EACH				
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GROU		t e		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
								and
								Syndicated
								Exclusivity
		-						Surcharge
	 							for
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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	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED S	SIXTEENTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
0.122 0.011		07.22 0.011		07.122 07011	202	07.122.0.0.1	202	
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Total DSEs			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third G	oup	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
	·	\$	_			\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 006235								
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROUP)	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GROUP)	^
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
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						-		Partially
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T 1 1 DOE			0.00	T 1 1 DOE			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	na Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED NIN	ITEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED T	WENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roun	<u> </u>	_		n Group	<u> </u>		
C. COO I GOODPIO TIMU O	. Jup	<u> </u>		2.000 NOOCIPIO I OUITI	. Этоир	<u>*</u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Receipts Third G	roup e base rat	e fees for each subso		Gross Receipts Fourth	n Group	\$ \$	0.00	

CABLE ONE, INC		LE SYSTEM:				S	006235	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	•	-			•	·		
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP	P	
COMMUNITY/ AREA								
			0	COMMUNITY/ ARE/	A		0	
CALL SIGN	DSE	CALL SIGN				I CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
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CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
	DSE	CALL SIGN				CALL SIGN		
Total DSEs			DSE	CALL SIGN Total DSEs	DSE		DSE	
Total DSEs		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs Gross Receipts Third			DSE	CALL SIGN Total DSEs	DSE		DSE	
Total DSEs	Group		DSE	CALL SIGN Total DSEs	DSE		DSE	
Total DSEs Gross Receipts Third	Group		DSE	Total DSEs Gross Receipts Four	DSE	\$	DSE	

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:	•			Sì	O06235	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	ITY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-SIXTH	I SUBSCRIBER GROUP		•
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
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Total DCFa	<u> </u>		0.00	Total DOF	<u> </u>		0.00	
Total DSEs Gross Receipts First Gr	oup.	\$	0.00	Total DSEs Gross Receipts Secon	d Group	\$	0.00	
Cross recorpts i list Cr	oup	<u>*</u>	0.00	Gross receipts occorr	a Group	<u>*</u>	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-EIGHTH	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	1 1		0.00	Total DSEs	1		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.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: SABLE ONE, INC. SYSTEM ID# 006235								
	BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL		
	SUBSCRIBER GROUP	THIRTIETH	ONE HUNDRED		SUBSCRIBER GROUP	ITY-NINTH	ONE HUNDRED TWEN		
0 Computation			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
DSE of		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate Fee									
and									
Syndicated					-				
Exclusivity									
Surcharge						<u> </u>			
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0.00	0.0	<u> </u>	Total DSEs	0.00			Total DSEs		
0.00	\$ 0.0	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr		
0.00	\$ 0.0	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr		
	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIR		
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
DSE	CALL SIGN DS	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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0.00	0.0		Total DSEs	0.00			Total DSEs		
0.00	-	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G		

ABLE ONE, INC. SYSTEM ID# 006235								
BLO	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIR	ry-Third	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-FOURTH	SUBSCRIBER GROUP	,	^
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			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIRT	Y-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED THIS	RTY-SIXTH	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 Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Third Gr	oup	\$	0.00		ı Group	\$		

	CABLE ONE, INC. 006235								
				TE FEES FOR EACH					
9	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED THIF COMMUNITY/ AREA	0	SUBSCRIBER GROU	/-SEVENTH	ONE HUNDRED THIRTY COMMUNITY/ AREA	
Computation				COMMUNITY AREA				COMMUNITY AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F									
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	Group	Gross Receipts First C	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	TY-NINTH	NE HUNDRED THIR	
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			Fotal DSEs	
	0.00	\$	Group		_	- S	Group		
	-	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third	

CABLE ONE, INC.		LE SYSTEM:				S	006235	Name
				TE FEES FOR EAC				
	RTY-FIRST	SUBSCRIBER GROU		iii		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
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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 FOR	RTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th	ne haen rot	ta faas for each subs	ecriber group	as shown in the hove	s above			

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S'	YSTEM ID# 006235	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED FOR	RTY-FIFTH	SUBSCRIBER GROUP)	ONE HUNDRED FO	ORTY-SIXTH	I SUBSCRIBER GROUP		•
COMMUNITY/ AREA 0				COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity
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						1	0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First G	oup	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED FOR	RTY-EIGHTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs	1	Ш	0.00	
		0.00	Gross Receipts Fourth	Group	\$	0.00		
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
	e base rat	re fees for each subsc		Base Rate Fee Fourth		\$	0.00	

Name	O06235	S				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE CABLE ONE, INC.				
				TE FEES FOR EACH								
9		SUBSCRIBER GROU	FIFTIETH		ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP							
Computation	0		COMMUNITY/ AREA	0	COMMUNITY/ AREA 0							
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE						
Base Rate F												
and												
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Exclusivity												
Surcharge												
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Stations	<u></u>											
	Total DSEs 0.00					Total DSEs 0.00						
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr				
	Base Rate Fee Second Group \$ 0.00					Base Rate Fee First Group \$ 0.00						
	Р	SUBSCRIBER GROU	-SECOND	ONE HUNDRED FIFTY	JP	SUBSCRIBER GROU	TY-FIRST	ONE HUNDRED FIFT				
	COMMUNITY/ AREA 0					COMMUNITY/ AREA 0						
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	0.00			Total DSEs	0.00			Total DSEs				
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G				

	006235						•	CABLE ONE, INC.				
	ID.			TE FEES FOR EACH								
9	JP 0	SUBSCRIBER GROU	r-FOURTH	ONE HUNDRED FIFTY COMMUNITY/ AREA	I							
Computati	U U U U U U U U U U U U U U U U U U U											
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