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

### SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| FOR COPYRIGHT OFFICE USE ONLY |                      |  |  |  |  |  |
|-------------------------------|----------------------|--|--|--|--|--|
| DATE RECEIVED                 | AMOUNT               |  |  |  |  |  |
| 8/29/2019                     | \$ 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                    | AC   | COUNTING PERIOD COVERED BY THIS STATEMENT:   |                     |                              |                 |    |  |  |  |  |  |
|----------------------|--|--|---------------------|------------------------------|-----------------|----|--|--|--|--|--|
| Accounting<br>Period |  | 2019/1   |                     |                              |                 |    |  |  |  |  |  |
| <b>B</b><br>Owner    | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi a single statement of account and royalty fee payment covering the entire accounting perioa  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  6283 |  |                     |                              |                 |    |  |  |  |  |  |
|                      | LE   | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |                     |                              |                 |    |  |  |  |  |  |
|                      |  | Southwestern Bell Telephone Company  |                     |                              |                 |    |  |  |  |  |  |
|                      |  |  |                     |                              | 628332019       | 11 |  |  |  |  |  |
|                      |  |  |                     |                              | 62833 2019/1    |    |  |  |  |  |  |
|                      |  | 2270 Lakeside Blvd<br>Richardson, TX 75082   |                     |                              |                 |    |  |  |  |  |  |
| С                    | INS  | TRUCTIONS: In line 1, give any business or trade names used to i                             | dentify the busines | ss and operation of the syst | em unless these |    |  |  |  |  |  |
| C                    |  | nes already appear in space B. In line 2, give the mailing address of                        |                     |                              |                 |    |  |  |  |  |  |
| System               | 1  | IDENTIFICATION OF CABLE SYSTEM:  |                     |                              |                 |    |  |  |  |  |  |
|                      |  | MAILING ADDRESS OF CABLE SYSTEM:   |                     |                              |                 |    |  |  |  |  |  |
|                      | 2  | (Number, street, rural route, apartment, or suite number)                                    |                     |                              |                 |    |  |  |  |  |  |
|                      |  | (City, town, state, zip code)  |                     |                              |                 |    |  |  |  |  |  |
|                      |  |  |                     |                              |                 |    |  |  |  |  |  |
| D                    |  | tructions: For complete space D instructions, see page 1b. Identify                          | only the frst comm  | nunity served below and rel  | ist on page 1b  |    |  |  |  |  |  |
| Area<br>Served       | with   | n all communities.   | lot 4 TE            |                              |                 |    |  |  |  |  |  |
| First                |  | CITY OR TOWN Kansas City   | STATE MO            |                              |                 |    |  |  |  |  |  |
| Community            |  | -  |                     |                              |                 |    |  |  |  |  |  |
|                      | В  | elow is a sample for reporting communities if you report multiple character OR TOWN (SAMPLE) | STATE               | CH LINE UP                   | SUB GRP#        |    |  |  |  |  |  |
|                      | Ald  |  | MD                  | A                            | 1               |    |  |  |  |  |  |
| Sample               | -  | ance   | MD                  | В                            | 2               |    |  |  |  |  |  |
|                      | Ger  | ing  | 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 SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62833 Southwestern Bell Telephone Company Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as de D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served 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# **Kansas City** MO AA **First Avondale** MO AA Community Belton MO AA **Blue Springs** MO AA Cass Unincorporated County AA 1 MO Clay Unincorporated County MO AA See instructions for Claycomo MO AA additional information on alphabetization. 1 Farley MO AA Gladstone MO AA Glenaire MO AA Grain Valley AA MO Grandview MO AA Greenwood MO AA **Houston Lake** MO AA Independence MO AA **Jackson Unincorporated County** MO AA Lake Lotawana MO AA Lake Tapawingo MO AA Lake Waukomis MO AA Lake Winnebago MO AA **Lees Summit** MO AA Liberty MO AA Marshall MO AA **North Kansas City** MO AA Northmoor MO AA Oaks MO AA **Oakview** MO AA Oakwood MO AA Oakwood Park MO AA **Parkville** MO AA Pettis Unincorporated County MO AA 1 Platte City MO AA **Platte Unincorporated County** MO AA **Platte Woods** MO AA Pleasant Hill MO AA **Pleasant Valley** AA MO Raymore MO AA Raytown MO AA Riverside MO AA **Riverview Estates** MO AA

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| Sugar Creek<br>Village of Loch Lloyd<br>Weatherby Lake   | MO                   | AA<br>AA | 1        |
| Weatherby Lake   | MO<br>MO             | AA<br>AA | 1        |
| Weatherby Lake   |                      | <b> </b> | 11       |
| Basehor  Bonner Springs  Douglas Unincorporated County  Edwardsville   | KS                   | AA       | 11       |
| Bonner Springs   | KS                   | AA       | 1        |
| Douglas Unincorporated County  | KS                   | AA       | 1        |
| Edwardsville   | KS<br>KS<br>KS<br>KS | AA       | 1        |
| Fairway Franklin Unincorporated County Johnson Unincorporated County Kansas City Lake Quivira Lawrence Leavenworth Leavenworth Unincorporated County | KS                   | AA       | 1        |
| Franklin Unincorporated County   | KS                   | AA       | 1        |
| Johnson Unincorporated County  | KS                   | AA       | 1        |
| Kansas City  | KS                   | AA       | 1        |
| Lake Quivira   | KS                   | AA       | 1        |
| Lawrence   | KS                   | AA       | 1        |
| Leavenworth  | KS                   | AA       | 1        |
| Leavenworth Unincorporated County  | KS                   | AA       | <u>'</u> |
| Leavenworth officioporated county  | KS                   | AA       | 1        |
| Louwood  | KS                   |          | <u>l</u> |
| Lenexa   | KS<br>KS             | AA       | 1        |
| Merriam<br>Mission   | KS                   | AA       | 1        |
|  | KS                   | AA       | 1        |
| Mission Hills  | KS                   | AA       | 1        |
| Mission Woods  | KS                   | AA       | 1        |
| Olathe   | KS                   | AA       | 1        |
| Ottawa   | KS                   | AA       | 1        |
| Overland Park  | KS                   | AA       | 1        |
| Prairie Village  | KS                   | AA       | 1        |
| Roeland Park   | KS                   | AA       | 1        |
| Shawnoo  | KS                   | AA       | 1        |
| Shawnee<br>Westwood  | KS                   |          | 1        |
| Westwood   |                      | AA       | 1        |
| Westwood Hills   | KS                   | AA       | 1        |
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Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Southwestern Bell Telephone Company
62833

### 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.

| BLC   | OCK 1                 |          | BLOCK 2                |                       |               |  |  |
|---|-----------------------|----------|------------------------|-----------------------|---------------|--|--|
| CATEGORY OF SERVICE                             | NO. OF<br>SUBSCRIBERS | RATE     | CATEGORY OF SERVICE    | NO. OF<br>SUBSCRIBERS | RATE          |  |  |
| Residential:                                    |                       |          |                        |                       |               |  |  |
| <ul> <li>Service to first set</li> </ul>        | 61,629                | \$ 19.00 | HD Tech Fee            | 43,847                | \$ 10.00      |  |  |
| Service to additional set(s)                    |                       |          | Set-Top Box            | 62,151                | \$0-\$15      |  |  |
| <ul> <li>FM radio (if separate rate)</li> </ul> |                       |          | Broadcast TV Surcharge | 61,629                | \$4.99-\$7.99 |  |  |
| Motel, hotel                                    |                       |          |                        |                       |               |  |  |
| Commercial                                      | 522                   | \$ 20.00 |                        |                       |               |  |  |
| Converter                                       |                       |          |                        |                       |               |  |  |
| Residential                                     |                       |          |                        |                       |               |  |  |
| <ul> <li>Non-residential</li> </ul>             |                       |          |                        |                       |               |  |  |

## F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

|   | BLOCK 2   |   |          |                        |           |
|---|-----------|---|----------|------------------------|-----------|
| CATEGORY OF SERVICE                             | RATE      | CATEGORY OF SERVICE                         | RATE     | CATEGORY OF SERVICE    | RATE      |
| Continuing Services:                            |           | Installation: Non-residential               |          |                        |           |
| Pay cable                                       |           | Motel, hotel                                |          | Video on Demand        | \$0-\$100 |
| <ul> <li>Pay cable—add'l channel</li> </ul>     | \$5-\$199 | Commercial                                  |          | Service Activation Fee | \$0-\$35  |
| Fire protection                                 |           | Pay cable                                   |          | Credit Management Fee  | \$0-\$449 |
| •Burglar protection                             |           | <ul> <li>Pay cable-add'l channel</li> </ul> |          | Dispatch on Demand     | \$99      |
| Installation: Residential                       |           | Fire protection                             |          | Wireless Receiver      | \$0-\$49  |
| First set                                       | \$0-\$199 | Burglar protection                          |          | HD Premium Tier        | \$7       |
| <ul> <li>Additional set(s)</li> </ul>           |           | Other services:                             |          | DVR Upgrade Fee        | \$50      |
| <ul> <li>FM radio (if separate rate)</li> </ul> |           | Reconnect                                   | \$0-\$35 | Vacation Hold          | \$ 7.00   |
| Converter                                       |           | Disconnect                                  |          |                        |           |
|   |           | Outlet relocation                           | \$0-\$55 |                        |           |
|   |           | <ul> <li>Move to new address</li> </ul>     |          |                        |           |
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| FURIN SA3E. PAGE 3.  |  |  |  |  | OVOTELLIN  | ıl                     |  |  |
|--|--|--|--|--|--|------------------------|--|--|
| Southwestern I   |  |  | anv  |  | SYSTEM ID#<br>62833  | Namo                   |  |  |
| PRIMARY TRANSMITTE   |  |  | <b>y</b>   |  |  |                        |  |  |
| 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 |  |  |  |  |  |                        |  |  |
| station was carried  List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se explanation of these th Column 6: Give the   | here in space only on a subs and also in spa formation concern. h station's call associated with associated with a channel number. For example stem carried the in each case we entering the least), "E" (for nesse terms, see ation is outside the cast), "E" (for nesse terms, see pave entered "Y in the distant station on a part-tilion of a distant entered into of a primary trans simulcasts, alsuree categories elocation of each | G—but do lis titute basis. ace I, if the state erning substitute sign. Do not read to a station acestreams must be the FCC read to a station. Whether the station. Whether the station. Whether the station. Whether the station apage (v) of the the local service in column on during the me basis becard multicast stream or before Jumitter or an accenter "E". If the see page (v) ch station. For the station. For the station. For the station. | t it in space I (the ation was carried tute basis station report origination cording to its ow the reported in the assumption of the assum | d both on a substins, see page (v) on program service er-the-air designate column 1 (list each the television statington, D.C. This bork station, an indefor network multiple or "E-M" (for noncotions located in the program of the program of the program of the program of the primal channel on any of instructions located in the subject to a royalty etween a cable system of the primal channel on any of instructions located list the community of the primal channel on any of instructions located list the community of the primal channel on any of instructions located list the community of the primal channel on any of the primal channel on the primal channel chan | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system |                        |  |  |
| Note: If you are utilizin  | g multiple chai  |  | <u> </u>   |  | channel line-up.   |                        |  |  |
|  | T  | CHANN  | EL LINE-UP   | AA   |  | _                      |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |                        |  |  |
| KCPT/KCPTHD  | 19/1019  | E  | Yes  | 0  | Kansas City, MO  |                        |  |  |
| KCTV/KCTVHD  | 5/1005   | N  | No   |  | Kansas City, MO  | See instructions for   |  |  |
| KCWE/KCWEHD  | 29/1029  | I  | No   |  | Kansas City, MO  | additional information |  |  |
| KMBC/KMBCHD  | 9/1009   | N  | No   |  | Kansas City, MO  | on alphabetization.    |  |  |
| KMCI/KMCIHD  | 38/1038  | I  | No   |  | Lawrence, KS   |                        |  |  |
| KPXE/KPXEHD  | 50/1050  | I  | No   |  | Kansas City, MO  |                        |  |  |
| KSHB/KSHBHD  | 41/1041  | N  | No   |  | Kansas City, MO  |                        |  |  |
| KSMO/KSMOHD  | 62/1062  | I  | No   |  | Kansas City, MO  |                        |  |  |
| KUKC-LD  | 48   | I  | No   |  | Kansas City, MO  |                        |  |  |
| WDAF/WDAFHD  | 4/1004   | I  | No   |  | Kansas City, MO  | -1<br>-1               |  |  |
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| FORM SA3E. PAGE 3.  |  |   |  |   |   |   |
|---|--|---|--|---|---|---|
| LEGAL NAME OF OWN   |  |   |  |   | SYSTEM ID#  | Name  |
| Southwestern  | Bell Telepho   | one Compa   | any  |   | 62833   |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO   | ON  |  |   |   |   |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate | system during the consistence of | ne accounting In June 24, 1944), or 76.63 (In d in the next prespect to any attons, or auth G—but do listitute basis. In the stateming substitute basis are In a station acceptation and a station acceptation and streams must be the FCC heart and streams must be station. | g period, except 81, permitting the referring to 76.6 paragraph. A distant stations orizations: to the station was carried to the station was carried to the station was carried to the station was station to the period of the reported in the station was assigned to the station is a network at the station at the station is a network at th | (1) stations carried carriage of cert 1(e)(2) and (4))]; as carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television statington, D.C. This ork station, an independent of the carried station, an independent of the station, an independent of the carried station of the carried | 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 tute basis and also on some other af the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- an stream separately; for example tion for broadcasting over-the-air in any be different from the channel expendent station, or a noncommercial | G<br>Primary<br>Transmitters:<br>Television |
| (for independent multice. For the meaning of the Column 4: If the step planation of local service Column 5: If you have cable system carried the carried the distant state. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the  | cast), "E" (for no ese terms, see   ation is outside ce area, see pa ave entered "Yi he distant static ion on a part-tiricion of a distant a entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio   | oncommercia<br>page (v) of the<br>the local servage (v) of the<br>es" in column<br>on during the<br>me basis beca<br>multicast stre<br>n or before Ju<br>mitter or an are<br>o enter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, giv                           | I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting period accounting that is not some 30, 2009, be association repressociation r | or "E-M" (for nonco<br>ctions located in the<br>distant"), enter "Yei<br>ions located in the<br>mplete column 5,<br>od. Indicate by en<br>activated channel of<br>subject to a royalty<br>etween a cable sy-<br>esenting the prima<br>channel on any of<br>instructions locate<br>list the community<br>me community with   | es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If to which the station is licensed by the match which the station is identifed.  |   |
| Note. II you are utilizii   | ig multiple chai   |   | ·  | <u> </u>  | channel inte-up.  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |   |
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62833 Southwestern Bell Telephone Company 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). AM or FM CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

| FORM SA3E. PAGE 5.   |   |  |  |  |  |  | ACCOUNTING                                     | PERIOD: 2019/1 |  |  |
|--|---|--|--|--|--|--|--|----------------|--|--|
| LEGAL NAME OF OWNER OF   |   |  |  |  |  |  | SYSTEM ID#                                     | Name           |  |  |
| Southwestern Bell Tel  | ephone C  | ompany   |  |  |  |  | 62833  | Name           |  |  |
| SUBSTITUTE CARRIAGE  |   |  |  |  | - 41 4 · · · · · · ·   |  |  | I              |  |  |
| In General: In space I, identi<br>substitute basis during the ad<br>explanation of the programm  | ccounting pe  | eriod, under spe   | ecific present and former FC   | C rules, regula  | ations, or a   | authorization  | s. For a further                               | Substitute     |  |  |
| 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  |   |  |  |  |  |  |  |                |  |  |
|  |   |  |  |  |  |  |  |                |  |  |
| Note: If your answer is "No  | ", leave the  | rest of this pag   | ge blank. If your answer is "  | Yes," you mu   | ıst comple   | ete the prog   | ram  | Program Log    |  |  |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the letted delete under FCC rules a gram was substituted for present the state of t | titute progra ice, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE in was broad sign of the s adcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming | am on a separa attach additional network televition and that your authorizational truse general of the separation of the | al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute program to community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing 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 ramming ons located List specures of the tiffied). The rammer of the tiffied of the t | e accounting of another s of another s of another s of in the paper of the FCC or, in the following accurate should be on was required listed program. | g<br>station<br>er<br>n<br>n<br>nonth<br>stely |                |  |  |
| effect on October 19, 1976.  |   |  |  |  | EN SUBS  |  | 7. REASON                                      |                |  |  |
| 1. TITLE OF PROGRAM  | 2. LIVE?  | E PROGRAM  3. STATION'S  |  | 5. MONTH   |  | CURRED<br>TIMES  | FOR DELETION                                   | 1              |  |  |
|  | Yes or No   | CALL SIGN  | 4. STATION'S LOCATION  | AND DAY  | FROM   | — TC   | )  | l              |  |  |
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
Southwestern Bell Telephone Company
62833

## 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."

DATES AND HOURS OF DART TIME CARRIAGE

• 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."

| CALL SIGN         WHEN CARRIAGE OCCURRED           HOURS           DATE         FROM         TO           -         -         -           -         - | DDED |  |
|---|------|--|
| HOURS HOURS   |      |  |
| DATE FROM TO DATE FROM  |      |  |
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| LEGA                         | IL NAME OF OWNER OF CABLE SYSTEM:  Ithwestern Bell Telephone Company   |  | SYSTEM ID#<br>62833              | Name  |
|------------------------------|--|--|----------------------------------|---|
| all a<br>(as i               | COSS 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 sect dentifed 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 transmissio | on service int, see 3,552,423.67 | <b>K</b><br>Gross Receipts                                  |
| Instru Con Con If you fee to | RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. The provided HTML is a provided HTML in the provided HTML in the provided HTML is a provided HTML in the provided HTML in t | arts of the DSE So   | chedule                          | L<br>Copyright<br>Royalty Fee                               |
| bloc<br>▶ If pa<br>3 be      | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.  Int 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.  Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be surcharge.   | entered on line 2 i  | n block                          |   |
| 2 in                         | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.  | e are required to p<br>e is 1.064 percent  | ay at                            |   |
| Block                        | This is your minimum fee.  DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the   | \$ information you g   | <b>250,597.79</b> ave in         |   |
| 2                            | 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 period Yes—Complete the DSE schedule.  No—Leave block 3 below blank and column.   | od?  |                                  |   |
| Block<br>3                   | Line 1. <b>BASE RATE FEE:</b> 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  | <u></u> \$   | 414.19                           |   |
|                              | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero   |  | 0.00                             |   |
|                              | Line 3. Add lines 1 and 2 and enter here   | \$   | 414.19                           |   |
| Block<br>4                   | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.   | <b>\$</b>  | 250,597.79                       | Cable systems<br>submitting<br>additional<br>deposits under |
|                              | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)  |  | 0.00                             | Section 111(d)(7)<br>should contact                         |
|                              | Line 4. FILING FEE   | \$   | 725.00                           | the Licensing additional fees. Division for the appropriate |
|                              | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here   | \$   | 251,322.79                       | 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  | •                                |   |

| Mana          | LEGAL NAME OF OWNER   | OF CABLE S    | YSTEM:  | SYSTEM ID#                  |  |  |  |  |  |  |
|---------------|---|---------------|---|-----------------------------|--|--|--|--|--|--|
| Name          | Southwestern Be   | ell Teleph    | one Company   | 62833                       |  |  |  |  |  |  |
|               | CHANNELS  |               |   |                             |  |  |  |  |  |  |
| М             | Instructions: You   | must give     | (1) the number of channels on which the cable system carried television broadca   | st stations                 |  |  |  |  |  |  |
| 1             | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. |               |   |                             |  |  |  |  |  |  |
| Channels      |   | - ( )         |   |                             |  |  |  |  |  |  |
|               |   |               | hannels on which the cable  | 19                          |  |  |  |  |  |  |
|               | system carried tel  | evision br    | padcast stations  |                             |  |  |  |  |  |  |
|               | 2. Enter the total nu   | umber of a    | ctivated channels   |                             |  |  |  |  |  |  |
|               | on which the cabl   | e system o    | carried television broadcast stations   | 609                         |  |  |  |  |  |  |
|               | and nonbroadcas   | t services    |   |                             |  |  |  |  |  |  |
|               |   |               |   |                             |  |  |  |  |  |  |
| N             |   |               | CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual  |                             |  |  |  |  |  |  |
| Individual to | we can contact abo  | out this sta  | tement of account.)   |                             |  |  |  |  |  |  |
| Be Contacted  |   |               |   |                             |  |  |  |  |  |  |
| for Further   | Name Susan  | Reddir        | <b>Ig</b> Telephone   | 972-269-1938                |  |  |  |  |  |  |
| Information   |   |               |   |                             |  |  |  |  |  |  |
|               | Address 2270 L  | akesid        | e Blvd  |                             |  |  |  |  |  |  |
|               |   |               | oute, apartment, or suite number)   |                             |  |  |  |  |  |  |
|               |   |               | X 75082   |                             |  |  |  |  |  |  |
|               | (City, town   | , state, zip) |   |                             |  |  |  |  |  |  |
|               | Email   | sr727         | 2@att.com Fax (optional)  |                             |  |  |  |  |  |  |
|               |   |               |   |                             |  |  |  |  |  |  |
|               | CEPTIFICATION (TI   | hie etatom    | ant of account must be cartifed and signed in accordance with Conveight Office re   | agulations                  |  |  |  |  |  |  |
| 0             | CERTIFICATION (1)   | iis statem    | ent of account must be certifed and signed in accordance with Copyright Office re   | guiations.                  |  |  |  |  |  |  |
| Certifcation  | • I the undersigned   | hereby cei    | tify that (Check one, but only one, of the boxes.)  |                             |  |  |  |  |  |  |
| Certification | i, the undersigned,   | nereby cer    | thy that (Greek one, but only one, or the boxes.)   |                             |  |  |  |  |  |  |
|               | (Owner other the  | an corpora    | ation or partnership) I am the owner of the cable system as identifed in line 1 of space  | ce B; or                    |  |  |  |  |  |  |
|               |   |               |   |                             |  |  |  |  |  |  |
|               |   |               | n corporation or partnership) I am the duly authorized agent of the owner of the calc   | ole system as identified    |  |  |  |  |  |  |
|               | in line 1 of sp   | ace B and     | that the owner is not a corporation or partnership; or  |                             |  |  |  |  |  |  |
|               |   |               | n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as   | owner of the cable system   |  |  |  |  |  |  |
|               | in line 1 of sp   | ace B.        |   |                             |  |  |  |  |  |  |
|               |   |               | t of account and hereby declare under penalty of law that all statements of fact conta  | ined herein                 |  |  |  |  |  |  |
|               | are true, complete, a [18 U.S.C., Section   |               | to the best of my knowledge, information, and belief, and are made in good faith.   |                             |  |  |  |  |  |  |
|               | [10 212121, 222101  |               | 4   |                             |  |  |  |  |  |  |
|               |   |               |   |                             |  |  |  |  |  |  |
|               |   |               |   |                             |  |  |  |  |  |  |
|               |   | X             | /s/ Michael Santogrossi   |                             |  |  |  |  |  |  |
|               |   |               |   |                             |  |  |  |  |  |  |
|               |   |               | electronic signature on the line above using an "/s/" signature to certify this statement.<br>John Smith). Before entering the first forward slash of the /s/ signature, place your curso | or in the box and press the |  |  |  |  |  |  |
|               |   |               | on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot  |                             |  |  |  |  |  |  |
|               |   | Typed         | or printed name: Michael Santogrossi  |                             |  |  |  |  |  |  |
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|               |   | _             | Nr. B. 11 4 5   |                             |  |  |  |  |  |  |
|               |   | Title:        | Vice President – Finance (Title of official position held in corporation or partnership)  |                             |  |  |  |  |  |  |
|               |   |               | (This of Shields position field in composition of partitioning)   |                             |  |  |  |  |  |  |
| ,             |   | Date:         | August 26, 2019   |                             |  |  |  |  |  |  |
| ,             |   | Date.         | 710guot 20, 2018  |                             |  |  |  |  |  |  |

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#  | Marra  |
|--|--|---|--|
| Southwestern Bell  | Telephone Company  | 62833   | Name   |
| The Satellite Home V lowing sentence: "In determining service of prov scribers and a | MENT CONCERNING GROSS RECEIPTS EXCLUSIONS fewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyring the total number of subscribers and the gross amounts paid to the calciding secondary transmissions of primary broadcast transmitters, the semounts collected from subscribers receiving secondary transmissions on when to exclude these amounts, see the note on page (vii) of the ground transmissions. | ble system for the basic system shall not include sub-<br>pursuant to section 119." | Special<br>Statement<br>Concerning<br>Gross Receipts |
|  | g period did the cable system exclude any amounts of gross receipts for<br>iers to satellite dish owners?  | r secondary transmissions   | Exclusion  |
|  | otal here and list the satellite carrier(s) below  |   |  |
| Name<br>Mailing Address  | Name Mailing Address   |   |  |
| INTEREST ASSE  | SSMENTS  |   |  |
| •  | his worksheet for those royalty payments submitted as a result of a late interest assessment, see page (viii) of the general instructions in the p   |   | Q  |
| Line 1 Enter the amo   | ount of late payment or underpayment   | x   | Interest<br>Assessment                               |
| Line 2 Multiply line 1   | by the interest rate* and enter the sum here   | xdays   |  |
| Line 3 Multiply line 2   | 2 by the number of days late and enter the sum here  | x 0.00274   |  |
|  | B by 0.00274** enter here and on line 3, block 4, e L, (page 7)  | \$ - (interest charge)  |  |
|  | rest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. Fnsing Division at (202) 707-8150 or licensing@loc.gov.  | or further assistance please  |  |
| ** This is the decir   | mal equivalent of 1/365, which is the interest assessment for one day la   | ate.  |  |
| -  | g this worksheet covering a statement of account already submitted to owner, address, first community served, accounting period, and ID num  |   |  |
| Owner Address  |  |   |  |
| First community serve Accounting period ID number                                    | ed   |   |  |

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ACCOUNTING PERIOD: 2019/1

DSE SCHEDULE. PAGE 10.

# 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 carriec by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

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

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

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

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

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

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space 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 of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

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

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

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

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

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

#### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

The 3.75 Fee. If a cable system located in whole or in part within a 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, in 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 DSF 1.064% of gross receipts

0.330% of gross receipts

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

### 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

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.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

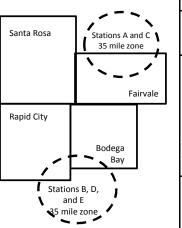
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### **EXAMPLE:**

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

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



|   | Distant Stations Carried |             | Identification o |                        |                  |
|---|--------------------------|-------------|------------------|------------------------|------------------|
|   | STATION                  | DSE         | CITY             | OUTSIDE LOCAL          | GROSS RECEIPTS   |
| ı | 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)              | <u>0.25</u> | Fairvale         | Stations B, D, and E   | 120,000.00       |
|   | TOTAL DSEs               | 2.472       |                  | TOTAL GROSS RECEIPTS   | \$600,000.00     |

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

|                              |   | \$6,384.00  |   |   |   |
|------------------------------|---|---|---|---|---|
| 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  |
|                              | (Santa Rosa)  Gross receipts DSEs Base rate fee \$310,000 x .01064 x 1.0 = \$310,000 x .00701 x 1.472 = | (Santa Rosa)  Gross receipts \$310,000.00  DSEs 2.472  Base rate fee \$6,497.20  \$310,000 x .01064 x 1.0 = 3,298.40  \$310,000 x .00701 x 1.472 = 3,198.80 | First Subscriber Group<br>(Santa Rosa)         Second Subscriber Group<br>(Rapid City and Bodega Bay)           Gross receipts<br>DSEs         \$310,000.00<br>2.472         Gross receipts<br>DSEs           Base rate fee         \$6,497.20<br>3,198.40         Base rate fee           \$310,000 x .01064 x 1.0 =<br>3,198.80         \$170,000 x .01064 x 1.0 =<br>3,170,000 x .00701 x .083 = | First Subscriber Group<br>(Santa Rosa)         Second Subscriber Group<br>(Rapid City and Bodega Bay)           Gross receipts<br>DSEs         \$310,000.00<br>2.472         Gross receipts<br>DSEs         \$170,000.00<br>DSEs           Base rate fee         \$6,497.20<br>\$310,000 x .01064 x 1.0 =<br>3,298.40         Base rate fee<br>\$170,000 x .01064 x 1.0 =<br>\$170,000 x .00701 x .083 = | Second Subscriber Group (Santa Rosa)   Second Subscriber Group (Rapid City and Bodega Bay)   (Fairvale) |

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)

| 4                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Southwestern Bell Telephone Company  62833   |       |           |          |           |         |  |  |  |  |  |  |
|----------------------|--|-------|-----------|----------|-----------|---------|--|--|--|--|--|--|
| 1                    |  |       |           |          |           |         |  |  |  |  |  |  |
|                      | SUM OF DSEs OF CATEGOR   |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       | NJ.       |          |           |         |  |  |  |  |  |  |
|                      | Add the DSEs of each station.  Enter the sum here and in line 1 of part 5 of this schedule.      0.25                              |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
| 2                    | Instructions:  |       |           |          |           |         |  |  |  |  |  |  |
|                      | In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5             |       |           |          |           |         |  |  |  |  |  |  |
| Computation          | of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- |       |           |          |           |         |  |  |  |  |  |  |
| of DSEs for          | mercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSEs   |       |           |          |           |         |  |  |  |  |  |  |
| Category "O"         |  |       |           |          |           |         |  |  |  |  |  |  |
| Stations             | CALL SIGN  | DSE   | CALL SIGN | DSE      | CALL SIGN | DSE     |  |  |  |  |  |  |
|                      | KCPT/KCPTHD  | 0.250 |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
| Add rows as          |  |       |           | <b></b>  |           |         |  |  |  |  |  |  |
| necessary.           |  |       |           |          |           |         |  |  |  |  |  |  |
| Remember to copy     |  |       |           | <b>.</b> |           |         |  |  |  |  |  |  |
| all formula into new |  |       |           |          |           |         |  |  |  |  |  |  |
| rows.                |  |       |           |          |           |         |  |  |  |  |  |  |
| Tows.                |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           | •       |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
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|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           | •       |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           | <b>†</b> |           | <b></b> |  |  |  |  |  |  |
|                      |  |       |           | <b></b>  |           | l       |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           | <u> </u> |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           | <b>†</b> |           | ·····   |  |  |  |  |  |  |
|                      |  |       |           | <b></b>  |           | l       |  |  |  |  |  |  |
|                      |  |       |           | <b>†</b> |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           |          |           |         |  |  |  |  |  |  |
|                      |  |       |           | I        |           |         |  |  |  |  |  |  |

| Name  |   | OWNER OF CABLE SYSTEM:<br>rn Bell Telephone Co  | ompany   |  |  |  | S   | 62833  |  |  |
|---|---|---|--|--|--|--|---|--------|--|--|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form. |   |  |  |  |  |   |        |  |  |
| Capacity  |   | С   | ATEGORY  | LAC STATIONS:  | COMPUTAT   | ION OF DSEs  |   |        |  |  |
|   | 1. CALL<br>SIGN   | 2. NUMBE<br>OF HOL<br>CARRIE<br>SYSTEM  | R<br>JRS<br>:D BY  | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR   | 4. BASIS OI<br>CARRIAC<br>VALUE  | F 5. TYF   |   | SE     |  |  |
|   |   |   | ÷  | :  | =  | x  | =   |        |  |  |
|   |   |   |  |  |  |  |   |        |  |  |
|   |   |   | ÷  |  |  | x  | =   |        |  |  |
|   |   |   | ÷  |  | =  |  | =   |        |  |  |
|   |   |   |  |  |  |  | =   |        |  |  |
|   |   |   |  |  | =<br>=   | <u>х</u><br>х  |   |        |  |  |
|   | Add the DSEs  | OF CATEGORY LAC Sof each station. Im here and in line 2 of page   |  | hedule,  | ▶  | 0.   | 00  |        |  |  |
| Computation of DSEs for Substitute-Basis Stations                                   | Was carried tions in efferance to space I).     Column 2: at your option.     Column 3:     Column 4:   | e the call sign of each sta<br>I by your system in substi-<br>ct on October 19, 1976 (<br>one or more live, nonnetwo<br>For each station give the<br>This figure should corres<br>Enter the number of days<br>Divide the figure in colum<br>This is the station's DSE | itution for a pro<br>as shown by the<br>ork programs de<br>number of live<br>spond with the<br>is in the calenda<br>in 2 by the figu<br>(For more info | ogram that your system he letter "P" in column uring that optional carre, nonnetwork program information in space I har year: 365, except in ure in column 3, and girmation on rounding, s | Nas permitted 7 of space I); an iage (as shown by is carried in substance a leap year, we the result in cee page (viii) of | to delete under FCC rid<br>d<br>v the word "Yes" in colur<br>stitution for programs t<br>olumn 4. Round to no<br>the general instruction | ules and regular-<br>nn 2 of<br>hat were deleted<br>less than the third | ırm).  |  |  |
|   |   |   |  | BASIS STATION  |  |  |   |        |  |  |
|   | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBE<br>OF DAY<br>IN YEAF  | ′S   | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBER<br>OF DAYS<br>IN YEAR   | 4. DSE |  |  |
|   |   | ÷   |  | =  |  |  | ÷   | =      |  |  |
|   |   | -   |  | =  |  |  | ÷   | =      |  |  |
|   |   | ÷   |  | =  |  |  | ÷   | =      |  |  |
|   |   | ÷   |  | =  |  |  | ÷   | =      |  |  |
|   | Add the DSEs  | OF SUBSTITUTE-BASI<br>of each station.<br>Im here and in line 3 of pa   |  |  |  | 0.   | 00  | -      |  |  |
| <b>5</b> Total Number of DSEs   | number of DSE:<br>1. Number o<br>2. Number o  | ER OF DSEs: Give the am s applicable to your system f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●  |  | boxes in parts 2, 3, and   | 4 of this schedul  | e and add them to prov   | 0.25<br>0.00<br>0.00  |        |  |  |
|   | TOTAL NUMBE   | K UF DOES   |  |  |  |  |   | 0.25   |  |  |

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

| LEGAL NAME OF C  |   |  | ny   |   |  |   | S'  | YSTEM ID#<br>62833 | Name  |
|--|---|--|--|---|--|---|---|--------------------|---|
| Instructions: Blod<br>In block A: • If your answer if<br>schedule. • If your answer if | "Yes," leave the re   | emainder of p  |  | 7 of the DSE sche   | edule blank aı   | nd complete pa  | art 8, (page 16) of                                 | the                | 6   |
|  | •   |  | BLOCK A: T   | ELEVISION M   | ARKETS   |   |   |                    | Computation of                                      |
| _  | 1981?   | schedule—[   | •  | iller markets as de   |  |   |   | gulations in       | 3.75 Fee  |
|  |   | BLOC   | K B: CARR  | IAGE OF PERI  | MITTED DS  | SEs   |   |                    |   |
| Column 1:<br>CALL SIGN   | under FCC rules   | and regulation<br>ne DSE Sche  | ons prior to Jui<br>dule. (Note: Th  | part 2, 3, and 4 o<br>ne 25, 1981. For fu<br>ne letter M below r<br>Act of 2010.) | urther explana   | ation of permitt  | ed stations, see the                                | he                 |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE   | (Note the FCC rt. A Stations carri- 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursus *F A station pre | ules and regued pursuant to on as defined all educations of station (76.0) or DSE sched ant to individuationally carries JHF station w | lations cited be of the FCC many of the FCC many of the station [76.565) (see paragule). Lal waiver of Fed on a part-ting ithin grade-Both of the state of the st | ne or substitute ba<br>contour, [76.59(d)(  | ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) (e)(3) referring the stitution of goods asis prior to June 20.50 (e) | n June 24, 198  ), 76.61(b)(c),  a) referring to 7  g to 76.61(d)  randfathered s | 76.63(a) referring<br>76.61(e)(1<br>stations in the |                    |   |
| Column 3:  |   | e stations ide   | ntified by the I   | n parts 2, 3, and 4<br>etter "F" in column  |  |   | vorksheet on page                                   | e 14 of            |   |
| 1. CALL<br>SIGN  | 2. PERMITTED BASIS  | 3. DSE   | 1. CALL<br>SIGN  | 2. PERMITTED BASIS  | 3. DSE   | 1. CALL<br>SIGN   | 2. PERMITTED BASIS                                  | 3. DSE             |   |
| KCPT/KCP   |   | 0.25   | OIGIV  | Bricio  |  | 01014   | Briolo  |                    |   |
|  |   |  |  |   |  |   |   |                    |   |
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|  |   |  |  |   |  |   |   | 0.25               |   |
|  |   | В  | LOCK C: CO   | MPUTATION OF  | F 3.75 FEE   |   |   |                    |   |
| Line 1: Enter the  | total number of   | DSEs from  | part 5 of this   | schedule  |  |   | <u>,                                      </u>      |                    |   |
| Line 2: Enter the  | sum of permitte   | ed DSEs from   | m block B abo  | ove   |  |   |   |                    |   |
| Line 3: Subtract<br>(If zero, l  |   |  |  | r of DSEs subject 7 of this schedu  |  | rate.   |   |                    |   |
| Line 4: Enter gro  | ss receipts from  | space K (p   | age 7)   |   |  |   | x 0.03  | 375                | Do any of the DSEs represent partially              |
| Line 5: Multiply li  | ne 4 by 0.0375  | and enter su   | ım here  |   |  |   | x   |                    | permited/<br>partially<br>nonpermitted<br>carriage? |
| Line 6: Enter tota   | al number of DS   | Es from line   | 3  |   |  |   |   |                    | If yes, see part<br>9 instructions.                 |
| Line 7: Multiply li  | ne 6 by line 5 ar   | nd enter her   | e and on line  | 2, block 3, spac  | e L (page 7)   |   |   | 0.00               |   |

| Southwestern Bell Telephone Company 62833 |             |                       |        |                 |                    |           |                 | Name                  |        |                         |
|---|-------------|-----------------------|--------|-----------------|--------------------|-----------|-----------------|-----------------------|--------|-------------------------|
|   |             | ı                     | BLOCK  | A: TELEVIS      | ION MARKETS        | S (CONTIN | UED)            | T                     | Γ      |                         |
|   | CALL<br>IGN | 2. PERMITTED<br>BASIS | 3. DSE | 1. CALL<br>SIGN | 2. PERMITTED BASIS | 3. DSE    | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 6                       |
|   |             |                       |        |                 |                    |           |                 |                       |        | Computation of 3.75 Fee |
| ••••••                                    |             |                       |        |                 |                    |           |                 |                       |        |                         |
| •••••••                                   | ••••••      |                       |        |                 |                    |           |                 |                       |        |                         |
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| Name  |  | Southwestern Bell Telephone Company 62833 |                       |                   |      |   |  |                   |           |          |  |  |
|---|--|---|-----------------------|-------------------|------|---|--|-------------------|-----------|----------|--|--|
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>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 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.  PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS  |   |                       |                   |      |   |  |                   |           |          |  |  |
|   |  | PERMITT                                   | FD DSF FOR STA        | ATIONS CARRI      | FD   | ON A PART-TIME AN                             | ID SUBSTI                                    | TUTE BASIS        |           |          |  |  |
|   | PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS  1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE DSE  |   |                       |                   |      |   |  |                   |           |          |  |  |
|   | 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PE  |   |                       |                   |      |   |  |                   |           | DSE      |  |  |
|   |  |   |                       |                   |      |   |  |                   |           |          |  |  |
|   |  |   |                       |                   |      |   |  |                   |           |          |  |  |
|   |  |   |                       |                   | •••• |   |  |                   | ••••••    |          |  |  |
|   | sheet for variety price to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Documn 1: List the call sign for seach dissinst station identified by the letter F*in column 2 of part 6 of the DSE schedule. Column 3: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 double for mitted for mitted of the column 3: 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 76.519(s)(3), 76.61(e)(3), or 76.63 (referring to 76.63 |   |                       |                   |      |   |  |                   |           |          |  |  |
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|   |  |   |                       |                   |      |   |  |                   |           |          |  |  |
| <b>7</b> Computation  | In block A:  |   |                       | C, below.         |      |   |  |                   |           |          |  |  |
| of the  | If your answer is  | "No," leave b                             | locks B and C bla     | nk and complete   | pa   | art 8 of the DSE sched                        | ule.   |                   |           |          |  |  |
| Syndicated  |  |   | BLOC                  | K A: MAJOR        | TE   | ELEVISION MARK                                | ET   |                   |           |          |  |  |
| Exclusivity   | • Is any portion of the  | cahla evetam v                            | vithin a ton 100 ma   | ior television ma | rko  | t as defined by section 7                     | 6 5 of ECC                                   | rules in effect   | luna 24   | 10812    |  |  |
| ourcharge   |  | -   |                       | joi television ma | INC  |   |  | rules in ellect c | une 24,   | 1301:    |  |  |
|   | BLOCK B: C   | arriage of VHF                            | F/Grade B Contou      | r Stations        |      | BI OCK  | C. Compu                                     | tation of Exem    | nt DSFs   | 1        |  |  |
|   | Is any station listed in commercial VHF stati  | n block B of pa<br>ion that places        | art 6 the primary st  | ream of a         |      | Was any station listed nity served by the cab | in block B<br>le system p                    | of part 7 carrie  | d in any  | commu-   |  |  |
|   | l'   | •   | th its appropriate pe | rmitted DSE       |      |   | ,  | with its appropri | ate permi | tted DSE |  |  |
|   | X No—Enter zero a  | and proceed to                            | part 8.               |                   |      | X No—Enter zero al                            | nd proceed t                                 | o part 8.         |           |          |  |  |
|   | CALL SIGN  | DSE                                       | CALL SIGN             | DSE               |      | CALL SIGN                                     | DSE  | CALL SIG          | SN        | DSE      |  |  |
|   |  |   |                       | <u></u>           |      |   |  |                   |           |          |  |  |
|   |  |   |                       | <u>.</u>          |      |   |  |                   |           |          |  |  |
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|   |  |   |                       |                   |      |   |  |                   |           |          |  |  |
|   |  | <u> </u>                                  | TOTAL DSEs            | 0.00              |      |   | <u>.                                    </u> | TOTAL DS          | Es        | 0.00     |  |  |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:  Southwestern Bell Telephone Company  | M ID# | Name                      |
|---------------|--|-------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |       |                           |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | 23.67 | 7                         |
| Section 2     | A. Enter the total DSEs from block B of part 7   | 0.00  | Computation of the        |
|               | B. Enter the total number of exempt DSEs from block C of part 7  | 0.00  | Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.  | 0.00  | Surcharge                 |
| • Is an       | y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.   |       |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET  |       |                           |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.  |       |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE 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)   |       |                           |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here   |       |                           |
|               | D. Multiply line B by line C and enter here  |       |                           |
|               | E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |       |                           |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.   |       |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)   |       |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)   |       |                           |
|               | C. Multiply line B by 3.000 and enter here   |       |                           |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)   |       |                           |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  |       |                           |
|               | F. Multiply line D by line E and enter here  |       |                           |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge.  |       |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET   |       |                           |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  |       |                           |
| Section<br>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 DSE 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) |       |                           |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$  |       |                           |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  and enter here  |       |                           |
|               | D. Multiply line B by line C and enter here  |       |                           |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge   |       |                           |

| Name                                |  | ME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID# 62833 |  |  |  |  |  |  |  |
|-------------------------------------|--|--|------------------|--|--|--|--|--|--|--|
| Name                                | Southwestern Bell Telephone Company  |  |                  |  |  |  |  |  |  |  |
| 7                                   | Section<br>4b  | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.   |                  |  |  |  |  |  |  |  |
| Computation                         |  | A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$  |                  |  |  |  |  |  |  |  |
| of the<br>Syndicated<br>Exclusivity |  | B. Enter 0.00189 of gross receipts (the amount in section 1)   |                  |  |  |  |  |  |  |  |
| Surcharge                           |  | C. Multiply line B by 3.000 and enter here   |                  |  |  |  |  |  |  |  |
|                                     |  | D. Enter 0.00089 of gross receipts (the amount in section 1)   |                  |  |  |  |  |  |  |  |
|                                     | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here |  |                  |  |  |  |  |  |  |  |
|                                     |  |  |                  |  |  |  |  |  |  |  |
|                                     |  | 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  |                  |  |  |  |  |  |  |  |
|                                     |  | Cyrializated Exclusivity Curonalige:   |                  |  |  |  |  |  |  |  |
| 8 Computation                       | You m  | ctions:  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.  | art              |  |  |  |  |  |  |  |
| of<br>Base Rate Fee                 | • If you<br>blank  | ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be  | low              |  |  |  |  |  |  |  |
| Dase Rate ree                       |  | is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers  |                  |  |  |  |  |  |  |  |
|                                     |  | ocated within that station's local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. | al               |  |  |  |  |  |  |  |
|                                     | service  | e area," see page (v) of the general instructions.   |                  |  |  |  |  |  |  |  |
|                                     |  | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |                  |  |  |  |  |  |  |  |
|                                     | • Did y  | our cable system retransmit the signals of any partially distant television stations during the accounting period?   |                  |  |  |  |  |  |  |  |
|                                     |  | X Yes—Complete part 9 of this schedule. No—Complete the following sections.  |                  |  |  |  |  |  |  |  |
|                                     |  | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |                  |  |  |  |  |  |  |  |
|                                     | Section 1  |  |                  |  |  |  |  |  |  |  |
|                                     | '  | Enter the amount of gross receipts from space K (page 7) ▶ _\$   |                  |  |  |  |  |  |  |  |
|                                     | Section<br>2   | Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.)  |                  |  |  |  |  |  |  |  |
|                                     | Section  | · · ·  |                  |  |  |  |  |  |  |  |
|                                     | 3  | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.   |                  |  |  |  |  |  |  |  |
|                                     |  | A. Enter 0.01064 of gross receipts  (the amount in section 1)  |                  |  |  |  |  |  |  |  |
|                                     |  | B. Enter 0.00701 of gross receipts  (the amount in section 1)  |                  |  |  |  |  |  |  |  |
|                                     |  | C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here  |                  |  |  |  |  |  |  |  |
|                                     |  | D. Multiply line B by line C and enter here  |                  |  |  |  |  |  |  |  |
|                                     |  | E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)   |                  |  |  |  |  |  |  |  |
|                                     |  | Base Rate Fee  | 0.00             |  |  |  |  |  |  |  |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#          | Name                       |
|---|---------------------|----------------------------|
| Southwestern Bell Telephone Company   | 62833               | Nume                       |
| Section If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.   |                     |                            |
| 4   |                     | 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 <b>\$</b>  |                     |                            |
| D. Enter 0.00330 of gross receipts  |                     |                            |
| (the amount in section 1) \$  |                     |                            |
| E. Subtract 4.000 from total DSEs   |                     |                            |
| (the figure in section 2) and enter here  |                     |                            |
| F. Multiply line D by line E and enter here <b>&gt;</b> \$  |                     |                            |
| G. Add lines A, C, and F. This is your base rate fee.   |                     |                            |
| Enter here and in block 3, line 1, space L (page 7)   |                     |                            |
| Base Rate Fee   | 0.00                |                            |
| IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad  | dcast signals shall |                            |
| instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple char Space G.   |                     | 9                          |
| In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate  | fee, to exclude     | Computation                |
| receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take   |                     | of                         |
| this exclusion, you must:   |                     | Base Rate Fee and          |
| <b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distar station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determi                    |                     | Syndicated                 |
| DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee   |                     | Exclusivity<br>Surcharge   |
| <b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  |                     | for                        |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A a                                 |                     | Partially<br>Distant       |
| However, if your cable system is wholly located outside all major television markets, complete block A only.  | and B bolow.        | Stations, and              |
| How to Identify a Subscriber Group for Partially Distant Stations   |                     | for Partially<br>Permitted |
| <b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant scarried to that community.  | station you         | Stations                   |
| Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were  | e located           |                            |
| outside the station's local service area. A subscriber located outside the local service area of a station is distant to that   | station (and, by    |                            |
| the same token, the station is distant to the subscriber.)  Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are dista  | nt. Each            |                            |
| subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note  |                     |                            |
| system will have only one subscriber group when the distant stations it carried have local service areas that coincide.   |                     |                            |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your s<br>subscriber groups.   | system's            |                            |
| In each section:  |                     |                            |
| Identify the communities/areas represented by each subscriber group.  |                     |                            |
| <ul> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to<br/>subscribers in the group.</li> </ul>   | all of the          |                            |
| • If:   |                     |                            |
| 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave  | it in parts 2, 3,   |                            |
| and 4 of this schedule; or, 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it i   | n block B.          |                            |
| part 6 of this schedule.  | ŕ                   |                            |
| • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |                     |                            |
| <ul> <li>Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in the paper SA3 form.</li> </ul>   | al instructions     |                            |
| <ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the</li> </ul>  | he preceding        |                            |
| page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not ractual calculations on the form. | (that is, the total |                            |

# LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62833 **Southwestern Bell Telephone Company** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWNE      |               |                  |             |                         |         | s              | YSTEM ID#    | Name                 |  |
|-------------------------|---------------|------------------|-------------|-------------------------|---------|----------------|--------------|----------------------|--|
| Southwestern Bel        | I Teleph      | one Company      |             |                         |         |                | 62833        | Name                 |  |
| В                       | LOCK A:       | COMPUTATION OF   | BASE RA     | TE FEES FOR EACH        | SUBSCRI | BER GROUP      |              |                      |  |
|                         | FIRST         | SUBSCRIBER GROU  | IP          |                         | SECOND  | SUBSCRIBER GRO | UP           | •                    |  |
| COMMUNITY/ AREA         |               |                  | 0           | COMMUNITY/ AREA         |         |                | 0            | 9                    |  |
|                         |               |                  |             |                         |         |                |              | Computation          |  |
| CALL SIGN               | DSE           | CALL SIGN        | DSE         | CALL SIGN               | DSE     | CALL SIGN      | DSE          | of                   |  |
|                         |               |                  |             | KCPT/KCPTHD             | 0.25    |                |              | Base Rate Fee        |  |
|                         |               |                  |             |                         |         |                |              | and                  |  |
|                         |               |                  |             |                         |         |                |              | Syndicated           |  |
|                         |               |                  | ļ           |                         | ļ       |                |              | Exclusivity          |  |
|                         |               |                  | <b></b>     |                         | <b></b> |                |              | Surcharge            |  |
|                         |               |                  | <b></b>     |                         | <b></b> |                |              | for                  |  |
|                         |               | <b>-</b>         | <b> </b>    |                         | <b></b> |                |              | Partially<br>Distant |  |
|                         | ······        |                  | <b></b>     |                         | <b></b> |                |              | Stations             |  |
|                         |               |                  |             |                         | <b></b> |                |              | Otations             |  |
|                         |               |                  | <b> </b>    |                         |         |                |              |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
|                         |               |                  | <u> </u>    |                         |         |                |              |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
| Total DSEs              |               |                  | 0.00        | Total DSEs              |         |                | 0.25         |                      |  |
| Gross Receipts First G  | roun          | \$ 23,396        | ,711.28     | Gross Receipts Secon    | d Group | s 1            | 55,712.39    |                      |  |
| Orosa receipta i iist O | Тоир          | 20,030           | ,711.20     | Closs Receipts occor    | a Gloup | <u> </u>       | 00,1 12.03   |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
| Base Rate Fee First G   | roup          | \$               | 0.00        | Base Rate Fee Secon     | d Group | \$             | 414.19       |                      |  |
|                         | THIRD         | SUBSCRIBER GROU  | IP          | FOURTH SUBSCRIBER GROUP |         |                |              |                      |  |
| COMMUNITY/ AREA         |               |                  | 0           | COMMUNITY/ AREA         |         |                | 0            |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
| CALL SIGN               | DSE           | CALL SIGN        | DSE         | CALL SIGN               | DSE     | CALL SIGN      | DSE          |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
|                         |               |                  |             |                         | ļ       |                |              |                      |  |
|                         |               |                  |             |                         | ļ       |                |              |                      |  |
|                         |               |                  | <b>.</b>    |                         | <b></b> |                |              |                      |  |
|                         | <b></b>       |                  | <b></b>     |                         | <b></b> |                |              |                      |  |
|                         | <b>-</b>      |                  | <b></b>     |                         | <b></b> |                |              |                      |  |
|                         |               |                  | <b></b>     |                         | <b></b> |                | <del> </del> |                      |  |
|                         |               |                  | <b> </b>    |                         | <b></b> |                |              |                      |  |
|                         |               |                  | <b> </b>    |                         | <b></b> |                |              |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
| Total DSEs              |               |                  | 0.00        | Total DSEs              |         |                | 0.00         |                      |  |
|                         |               | 0.00             |             | Group                   | ¢       | 0.00           |              |                      |  |
| Gross Receipts Third (  | эгоир         | \$               | 0.00        | Gross Receipts Fourth   | Group   | \$             | 0.00         |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
| Base Rate Fee Third C   | Group         | \$               | 0.00        | Base Rate Fee Fourth    | Group   | \$             | 0.00         |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
|                         |               |                  |             |                         |         |                |              |                      |  |
|                         |               |                  | riber group | as shown in the boxes a | bove.   |                | 44.4.40      |                      |  |
| Enter here and in block | (3, line 1, s | space L (page 7) |             |                         |         | \$             | 414.19       |                      |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Southwestern Bell Telephone Company  62833 |                |                                 |               |                      |           |                           |       | Name                 |
|--|----------------|---------------------------------|---------------|----------------------|-----------|---------------------------|-------|----------------------|
|  |                |                                 |               |                      |           |                           | 62833 |                      |
| E  |                | COMPUTATION O<br>SUBSCRIBER GRO |               | ATE FEES FOR EAC     |           | IBER GROUP SUBSCRIBER GRO | UP    |                      |
| COMMUNITY/ AREA  |                | SSESSI (IDEIX OIX               | 0             | COMMUNITY/ ARE       |           | CODOC WALL ON             | 0     | 9                    |
|  |                |                                 |               |                      |           |                           |       | Computation          |
| CALL SIGN  | DSE            | CALL SIGN                       | DSE           | CALL SIGN            | DSE       | CALL SIGN                 | DSE   | of                   |
|  | <u></u>        |                                 | <u></u>       |                      |           |                           |       | Base Rate Fee        |
|  | <del></del>    |                                 |               |                      |           | -                         |       | Syndicated           |
|  |                |                                 |               |                      |           |                           |       | Exclusivity          |
|  |                |                                 |               |                      |           |                           |       | Surcharge            |
|  |                |                                 |               |                      |           |                           |       | for                  |
|  | <del></del>    |                                 |               |                      |           |                           |       | Partially<br>Distant |
|  |                |                                 |               |                      |           | -                         |       | Stations             |
|  |                |                                 |               |                      |           |                           |       |                      |
|  |                |                                 |               |                      |           |                           |       |                      |
|  | <u></u>        |                                 | <u></u>       |                      |           |                           |       |                      |
|  | ···            |                                 |               |                      |           |                           |       |                      |
|  |                |                                 |               |                      |           |                           |       |                      |
| Total DSEs   |                |                                 | 0.00          | Total DSEs           |           |                           | 0.00  |                      |
| Gross Receipts First (   | Group          | \$                              | 0.00          | Gross Receipts Sec   | ond Group | \$                        | 0.00  |                      |
| ·  | ·              |                                 |               |                      | •         |                           |       |                      |
| Base Rate Fee First (  | Group          | \$                              | 0.00          | Base Rate Fee Sec    | ond Group | \$                        | 0.00  |                      |
|  | SEVENTH        | SUBSCRIBER GRO                  | DUP           |                      | EIGHTH    | SUBSCRIBER GRO            | UP    |                      |
| COMMUNITY/ AREA  |                |                                 | 0             | COMMUNITY/ ARE       |           |                           |       |                      |
| CALL SIGN  | DSE            | CALL SIGN                       | DSE           | CALL SIGN            | DSE       | CALL SIGN                 | DSE   |                      |
|  |                |                                 |               |                      |           |                           |       |                      |
|  | <del></del>    |                                 |               |                      |           |                           |       |                      |
|  |                |                                 |               |                      |           | -                         |       |                      |
|  |                |                                 |               |                      |           |                           |       |                      |
|  | <u></u>        |                                 | <u></u>       |                      |           |                           |       |                      |
|  | <u></u>        |                                 | <del></del>   |                      |           |                           |       |                      |
|  |                |                                 |               |                      |           |                           |       |                      |
|  |                |                                 |               |                      |           |                           |       |                      |
|  | <u></u>        |                                 |               |                      |           |                           |       |                      |
|  | <del></del>    |                                 |               |                      |           |                           |       |                      |
|  | ···            |                                 | ····          | ······               |           |                           |       |                      |
|  |                |                                 |               |                      |           |                           |       |                      |
| Total DSEs   |                |                                 | 0.00          | Total DSEs           |           |                           | 0.00  |                      |
| Gross Receipts Third Group \$ 0.00   |                |                                 | 0.00          | Gross Receipts Fou   | rth Group | \$                        | 0.00  |                      |
|  |                |                                 |               |                      |           |                           |       |                      |
| Base Rate Fee Third  | Group          | \$                              | 0.00          | Base Rate Fee Fou    | rth Group | \$                        | 0.00  |                      |
|  |                |                                 |               | 11                   |           |                           |       |                      |
| Base Rate Fee: Add t   |                |                                 | scriber group | as shown in the boxe | es above. | •                         |       |                      |
| Enter here and in bloc   | ж З, IINE 1, : | space L (page /)                |               |                      |           | <b>\$</b>                 |       |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Southwestern Bell Telephone Company  62833 |                    |                       |             |                         |           |           |                  | Name                      |
|--|--------------------|-----------------------|-------------|-------------------------|-----------|-----------|------------------|---------------------------|
| BI   |                    |                       |             | TE FEES FOR EACH        |           |           |                  |                           |
| FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA    |                    |                       |             |                         |           |           |                  |                           |
|  |                    |                       |             | COMMUNITY/ AREA         |           |           | 0                | <b>9</b> Computation      |
| CALL SIGN  | CALL SIGN          | DSE                   | CALL SIGN   | DSE                     | CALL SIGN | DSE       | of               |                           |
|  |                    |                       |             |                         |           |           |                  | Base Rate Fee             |
|  |                    | -                     |             |                         |           |           |                  | and                       |
|  | ···                |                       |             |                         |           |           |                  | Syndicated<br>Exclusivity |
|  |                    |                       |             |                         |           | -         |                  | Surcharge                 |
|  |                    |                       |             |                         |           |           |                  | for                       |
|  |                    |                       |             |                         |           |           |                  | Partially                 |
|  |                    | -                     |             |                         |           |           | <u></u>          | Distant<br>Stations       |
|  |                    |                       |             |                         |           | -         |                  | Stations                  |
|  |                    |                       |             |                         |           |           |                  |                           |
|  |                    |                       |             |                         |           |           |                  |                           |
|  |                    |                       |             |                         |           |           |                  |                           |
|  | -                  |                       |             |                         |           |           | <u> </u>         |                           |
| Total DSEs   |                    |                       | 0.00        | Total DSEs              |           | <u> </u>  | 0.00             |                           |
| Gross Receipts First G   | roup               | \$ 23,396,            |             | Gross Receipts Secon    | d Group   | s 15      | 55,712.39        |                           |
| Gloss Receipts First G   | Toup               | 23,330                | 7 11.20     | Gross Receipts Secon    | u Group   | , i       | 33,7 12.33       |                           |
| Base Rate Fee First G  | roup               | \$                    | 0.00        | Base Rate Fee Secon     | d Group   | \$        | 0.00             |                           |
|  | THIRD              | SUBSCRIBER GROU       | JP          |                         |           |           |                  |                           |
| COMMUNITY/ AREA  |                    |                       | 0           | COMMUNITY/ AREA         |           |           |                  |                           |
| CALL SIGN  | DSE                | CALL SIGN             | DSE         | CALL SIGN               | DSE       | CALL SIGN | DSE              |                           |
|  |                    | -                     |             |                         |           |           |                  |                           |
|  |                    |                       |             |                         |           |           | ··· <del>·</del> |                           |
|  |                    |                       |             |                         |           | -         | ····             |                           |
|  |                    | -                     |             |                         |           |           |                  |                           |
|  |                    | -                     |             |                         |           |           |                  |                           |
|  |                    | -                     |             |                         |           |           |                  |                           |
|  |                    |                       |             |                         |           |           |                  |                           |
|  |                    | -                     |             |                         |           | -         |                  |                           |
|  |                    |                       |             |                         |           |           |                  |                           |
|  |                    |                       |             |                         |           |           |                  |                           |
|  |                    |                       |             |                         |           |           |                  |                           |
|  |                    |                       |             |                         |           |           |                  |                           |
| Total DSEs   |                    |                       | 0.00        | Total DSEs              | 1         |           | 0.00             |                           |
| Gross Receipts Third Group \$ 0.00   |                    |                       | 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 th  | ne <b>hase</b> rat | e fees for each subsc | riber aroun | as shown in the boxes a | ahove     |           |                  |                           |
| Enter here and in block  |                    |                       | bcr group   | ac onown in the boxes o |           | \$        | 0.00             |                           |

### Nonpermitted 3.75 Stations

| LEGAL NAME OF OWNE Southwestern Bell   |        |                 | •           |                         |         | SY        | 62833    | Name                     |
|--|--------|-----------------|-------------|-------------------------|---------|-----------|----------|--------------------------|
| BL   |        |                 |             | TE FEES FOR EACH        |         |           |          |                          |
| FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 |        |                 |             |                         |         |           |          |                          |
| COMMUNITY/ AREA 0  |        |                 |             | COMMUNITY/ AREA         |         |           | 0        | <b>9</b> Computation     |
| CALL SIGN  | DSE    | CALL SIGN       | DSE         | CALL SIGN               | DSE     | CALL SIGN | DSE      | of                       |
|  |        |                 |             |                         |         |           |          | Base Rate Fee            |
|  |        |                 |             |                         |         |           |          | and                      |
|  |        |                 |             |                         |         |           |          | Syndicated               |
|  |        |                 |             |                         |         |           |          | Exclusivity<br>Surcharge |
|  |        |                 |             |                         |         |           |          | for                      |
|  |        |                 |             |                         |         |           |          | Partially                |
|  |        |                 |             |                         |         |           |          | Distant                  |
|  |        |                 |             |                         |         | <br>      |          | Stations                 |
|  |        |                 |             |                         | l       |           |          |                          |
|  |        |                 |             |                         |         |           |          |                          |
|  |        |                 |             |                         |         |           |          |                          |
|  |        |                 |             |                         |         |           |          |                          |
|  |        |                 |             |                         |         |           |          |                          |
| Total DSEs   |        |                 | 0.00        | Total DSEs              |         |           | 0.00     |                          |
| Gross Receipts First Gr  | oup    | \$              | 0.00        | Gross Receipts Second   | d Group | \$        | 0.00     |                          |
| Base Rate Fee First Gr   | oup    | \$              | 0.00        | Base Rate Fee Second    | d Group | \$        | 0.00     |                          |
| S  | EVENTH | SUBSCRIBER GROU | JP          |                         |         |           |          |                          |
| COMMUNITY/ AREA  |        |                 | 0           | COMMUNITY/ AREA 0       |         |           |          |                          |
| CALL SIGN  | DSE    | CALL SIGN       | DSE         | CALL SIGN               | DSE     | CALL SIGN | DSE      |                          |
|  |        |                 |             |                         |         |           |          |                          |
|  |        |                 |             |                         |         |           |          |                          |
|  |        |                 |             |                         |         |           | <b>.</b> |                          |
|  |        |                 |             |                         |         | -         |          |                          |
|  |        |                 |             |                         |         |           |          |                          |
|  |        |                 |             |                         |         |           |          |                          |
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|  |        |                 |             |                         |         |           |          |                          |
|  |        |                 |             |                         |         |           | <b>-</b> |                          |
|  |        |                 |             |                         |         |           |          |                          |
|  |        |                 |             |                         |         |           |          |                          |
|  |        |                 |             |                         |         |           |          |                          |
| Total DSEs   |        |                 | 0.00        | Total DSEs              | l       |           | 0.00     |                          |
|  |        |                 | 0.00        | Gross Receipts Fourth   | Group   | \$        | 0.00     |                          |
|  | r.     |                 |             |                         | - 1:    |           |          |                          |
| Base Rate Fee Third G  | roup   | \$              | 0.00        | Base Rate Fee Fourth    | Group   | \$        | 0.00     |                          |
| Base Rate Fee: Add the Enter here and in block                                     |        |                 | riber group | as shown in the boxes a | bove.   | \$        |          |                          |

ACCOUNTING PERIOD: 2019/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Southwestern Bell Telephone Company 62833 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee** INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Fourth Group . . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

ACCOUNTING PERIOD: 2019/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Southwestern Bell Telephone Company 62833 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee** INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . . . . . SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Fourth Group . . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown