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                  | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:   |   |                                   |                |  |  |  |
|--------------------|--|---|-----------------------------------|----------------|--|--|--|
| Accounting         | 2019/1   |   |                                   |                |  |  |  |
| Period             |  |   |                                   |                |  |  |  |
| Bowner             | Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID | ess of the cable syst<br>or on the last day of a<br>counting perioa | em the accounting period should s | •              |  |  |  |
|                    | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |   |                                   |                |  |  |  |
|                    | Pacific Bell Telephone Company   |   |                                   |                |  |  |  |
|                    |  |   |                                   | 6309720191     |  |  |  |
|                    |  |   |                                   | 63097 2019/1   |  |  |  |
|                    |  |   |                                   |                |  |  |  |
|                    | 2270 Lakeside Blvd   |   |                                   |                |  |  |  |
|                    | Richardson, TX 75082   |   |                                   |                |  |  |  |
| С                  | INSTRUCTIONS: In line 1, give any business or trade names used to id   |   |                                   |                |  |  |  |
| C                  | names already appear in space B. In line 2, give the mailing address of  | the system, if diff   | erent from the address give       | n in space B.  |  |  |  |
| 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                  | <b>Instructions:</b> For complete space D instructions, see page 1b. Identify  | only the frst comr  | nunity served below and re        | ist on page 1b |  |  |  |
| Area<br>Served     | with all communities.  CITY OR TOWN  | STATE   |                                   |                |  |  |  |
|                    | Monterey   | CA  |                                   |                |  |  |  |
| First<br>Community |  |   | 0                                 |                |  |  |  |
|                    | Below is a sample for reporting communities if you report multiple cha   | STATE   | CH LINE UP                        | SUB GRP#       |  |  |  |
| 0                  | Alda   | MD  | A                                 | 1              |  |  |  |
| Sample             | Alliance   | MD  | В                                 | 2              |  |  |  |
|                    | Gering   | MD  | В                                 | 3              |  |  |  |

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

| FORM SA3E. PAGE 1b.  |  |   | ACCOUNT          | ING PERIOD: 2019/1                         |
|--|--|---|------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |  |   | SYSTEM ID#       |  |
| Pacific Bell Telephone Company   |  |   | 63097            |  |
| <b>Instructions:</b> List each separate community served by the cable system. A "community' in FCC rules: "a separate and distinct community or municipal entity (including unincorpor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first | orated communition to the community that | es within unincorp<br>you list will serve | orated           | D<br>Area<br>Served                        |
| <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.  | e parks should be                        | e reported in pare                        | ntheses          |  |
| If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9).                                  | e column blank. It<br>levant community   | f you report any st<br>with a subscriber  | ations<br>group, |  |
| When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be  | a subscriber grou                        |   |                  |  |
| CITY OR TOWN   | STATE                                    | CH LINE UP                                | SUB GRP#         |  |
| Monterey   | CA                                       |   |                  | First                                      |
| Capitola   | CA                                       |   |                  | Community                                  |
| Carmel   | CA                                       |   |                  |  |
| Del Monte Forest   | CA                                       |   |                  |  |
| Freedom  | CA                                       |   |                  |  |
| Hollister  | CA                                       |   |                  |  |
| Marina   | CA                                       |   |                  | See instructions for                       |
| Monterey Unincorporated County   | CA                                       |   |                  | additional information on alphabetization. |
| Pacific Grove Salinas  | CA                                       |   |                  | on alphabetization.                        |
|  | CA                                       |   |                  |  |
| San Benito Unincorporated County Sand City   | CA<br>CA                                 |   |                  |  |
| Santa Cruz   | CA                                       |   |                  |  |
| Santa Cruz Unincorporated County   | CA                                       |   |                  |  |
| Scotts Valley  | CA                                       |   |                  |  |
| Seaside  | CA                                       |   |                  |  |
| Soquel   | CA                                       |   |                  |  |
| Watsonville  | CA                                       |   |                  |  |
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Form SA3E Long Form (Rev. 05-17)

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Pacific Bell Telephone Company

SYSTEM ID#
63097

### Ε

### Secondary Transmission Service: Sub-

scribers 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.

| BLG  | OCK 1                 |      | BLOCK 2 |                        |                       |       |          |
|--|-----------------------|------|---------|------------------------|-----------------------|-------|----------|
| CATEGORY OF SERVICE                              | NO. OF<br>SUBSCRIBERS | RAT  | E       | CATEGORY OF SERVICE    | NO. OF<br>SUBSCRIBERS | R     | ATE      |
| Residential:                                     |                       |      |         |                        |                       |       |          |
| <ul> <li>Service to first set</li> </ul>         | 7,069                 | \$ 1 | 9.00    | HD Tech Fee            | 4,358                 | \$    | 10.00    |
| <ul> <li>Service to additional set(s)</li> </ul> |                       |      |         | Set-Top Box            | 7,109                 |       | \$0-\$15 |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       |      |         | Broadcast TV Surcharge | 7,069                 | \$4.9 | 9-\$7.99 |
| Motel, hotel                                     |                       |      |         |                        |                       |       |          |
| Commercial                                       | 40                    | \$ 2 | 0.00    |                        |                       |       |          |
| Converter  |                       |      |         |                        |                       |       |          |
| <ul> <li>Residential</li> </ul>                  |                       |      |         |                        |                       |       |          |
| <ul> <li>Non-residential</li> </ul>              |                       |      |         |                        |                       |       |          |
| l .  |                       | 1    |         |                        | -1                    | T     |          |

### F

### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

|   | BLO       | CK 1  |          | 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      |
| • FM radio (if separate rate)               |           | Reconnect                                   | \$0-\$35 | Vacation Hold          | \$ 7.00   |
| Converter                                   |           | Disconnect                                  |          |                        |           |
|   |           | Outlet relocation                           | \$0-\$55 |                        |           |
|   |           | Move to new address                         |          |                        |           |

| PRIMARY TRANSMITTERS: TELEVISION  In General: in space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1961, permitting the carriage of certain network programs (sections 76.59(q)(2) and (4), 76.61(e)(2) and | Reacrific Bell Telephone Company  Reacrific In space G, identify every television station (including translator stations and low power television stations) and the second to  | FORM SA3E. PAGE 3.   |  |  |  |   | CVCTEMIDA  | 4                            |
|--|--|--|--|--|--|---|--|------------------------------|
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your coable 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 cortain network programs (sections FCS effect) and (4), 76.16(e)(2) and (4)), 76.16(e)(2) and (4), 76.16(e)(2) and (4)), 76.16(e)(2) and (4), 76.16(e)(2) and (4)), 76.16(e)(2) and (4), 76.16(e)(2) and (4 | RIMARY TRANSMITTERS: TELEVISION  General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6,50(q)/2) and (4), 76.61(e)/2 and (4)), 76.61(e)/2 and (4), 76.61( |  |  |  |  |   | SYSTEM ID#   | Name                         |
| 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 fc. Crules and requisitors in effect on June 24, 1981, permitting the carriage of certain network programs (sections fc. 59(i)(2) and (4), 76.51(e)(2) and (4), 76.51(e)(2) and (4), 76.53 (referring to 76.51(e)(2) and (4))), and (2) certain stations carried on a bubstitute passis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explaination in the next program basis, as explaination in the carried only on a substitute basis station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis station as substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (9) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify seach multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast streams was the reported in column 1 (list each stream separately; for example NETA-3-minuclast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in sommulty of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel or which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entiring the letter. "N' for network," N-M" (for network multicast), "If (for independent), "I-M" for independent multicast), "E" (for network), "N-M" (for network multicast), "If (for independent), "I-M" for independent multicast), "E" (fo | General: in space G, identify every television station (including translator stations and low power television stations) and obligations of the control of the station of t |  | •  |  |  |   | 63097  | 1                            |
| explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the feet. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AA  1. CALL 2. B'CAST CHANNEL OF (Yes or No) SIGN CHANNEL OF (Yes or No) SIGN CHANNEL OF (Yes or No) SIGN STATION  COMMUNITY STATION  COMMUNITY STATION  Salinas, CA  See instruction additional information and info | xplanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the CC. For Mexican or Canadian stations, if any, give the name of the community twith which the station is identifed.    Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the CC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.    Column 6: Give the location of each station. For U.S. stations, list the community with which the station is licensed by the CC. For Mexican or Canadian stations, list the community to which the station is licensed by the Colombia station. It is identified.    Colombia stations and the community with which the station is licensed by the Colombia station is licensed by the Colombia station is licensed by the Colombia station. 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Column 2: Give the station of licens on which your cable syour cable syour column 4: If the station was carried to the station of local service column 4: If the station of local service column 5: If you have table system carried the station of local service column 5: If you have table system carried the station carried the system carried the station of local service column 5: If you have table system carried the station of local service column 5: If you have table system carried the station of local service column 5: If you have table system carried the station of local service column 5: If you have table system carried the station of local service column 5: If you have table system carried the station of local service column 5: If you have table system carried the station of local service column 5: If you have table system carried the station of local service column 5: If you have table system carried the station of local service carried the station of local servi     | ephone Col  ERS: TELEVISIO  G, identify ever system during toons in effect of  G.61(e)(2) and ( Sis, as explaine  Stations: With  CC rules, regula there in space only on a subs and also in spa formation conc  rm.  th station's call associated with  -2". Simulcast  e channel numbles. For example system carried the in each case to entering the le cast), "E" (for n ese terms, see ation is outside ce area, see pr ave entered "Y the distant station  | y television state accounting a June 24, 19 4), or 76.63 (in the next respect to any ations, or auth G—but do listitute basis. ace I, if the state aring substitute basis over the FCC in a station acceptation. Whether the side ter "N" (for any acceptance (v) of the the local serving (v) of the ess" in column on during the   | g period, except 81, permitting the referring to 76.6 paragraph. y distant stations in a paragraph. The referring to 76.6 paragraph. The referring to 76.6 paragraph. The referring to 15 paragraph. The referring to 15 paragraph 15 paragraph 16 paragraph | (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 bork station, an indefer network multicor "E-M" (for noncontions located in the distant"), enter "Yeions located in the plete column 5, and. Indicate by enter the carried of the column 5, and. Indicate by enter the carried of the carried | s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tition. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The pa | Name  G Primary Transmitters |
| CHANNEL LINE-UP   AA   | CHANNEL LINE-UP CHANNEL COPE (Yes or No) CHANNEL COPE (If Distant) CHANNEL COPE (If Distant) CHANNEL COPE (If Distant) CHANNEL COPE (If Distant) CHANNEL LINE-UP CHANNEL COPE (If Distant) CHANNEL COPE (If Distant) CHANNEL LINE-UP CHANNEL COPE (If Distant) CHANNEL LINE-UP CHANNEL COPE (If Distant) CHANNEL COPE (If Distant) CHANNEL LINE-UP CHANNEL COPE (If Distant) CHANCE COPE (If Distant) CHANNEL COPE (IF DISTANT) CHAN | Column 5: If you had cable system carried the  | ave entered "Y<br>he distant statio  | es" in column on during the  | 4, you must con accounting perior  | mplete column 5,<br>od. Indicate by en  | stating the basis on which your tering "LAC" if your cable system  |                              |
| 1. CALL SIGN 2. B'CAST CHANNEL NUMBER STATION (Yes or No) CARRIAGE (If Distant) (If | CALL   2. B'CAST   3. TYPE   4. DISTANT?   5. BASIS OF   CARRIAGE   (If Distant)   | For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the  | entered into o<br>a primary trans<br>simulcasts, also<br>aree categories<br>e location of ea   | multicast streen or before Jumitter or an acceptance of enter "E". If the see page (v) ch station. For   | eam that is not some 30, 2009, be association repreyou carried the of the general or U.S. stations,  | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community   | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the   |                              |
| SIGN   | SIGN   | For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the <b>Column 6:</b> Give the FCC. For Mexican or Column of the sexplanation of | entered into o<br>a primary trans<br>simulcasts, also<br>ree categories<br>e location of ea<br>Canadian statio   | multicast streen or before Jumitter or an a content "E". If , see page (v) ch station. Fons, if any, giv   | earn that is not so<br>une 30, 2009, be<br>association repre<br>you carried the<br>of the general<br>or U.S. stations,<br>the the name of the  | subject to a royalty atween a cable sy senting the prima channel on any o instructions locate list the community with   | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  If the which the station is licensed by the match the station is identifed.   |                              |
| KDJT         33         I         No         Salinas-Monterey, CA         See instruction additional info additional info on alphabetize.           KION/KIOND2H         46/1046         I         No         Monterey, CA           KMUV-LP         23         I         No         Monterey, CA           KOTR-LP         2         I         No         Monterey, CA           KQET/KQETHD         25/1025         E         No         Watsonville, CA           KSBW/KSBWHD         8/1008         N         No         Salinas, CA   | No   Salinas-Monterey, CA   See instructions for additional information alphabetization.   | For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the <b>Column 6:</b> Give the FCC. For Mexican or Column of the sexplanation of | entered into o<br>a primary trans<br>simulcasts, also<br>ree categories<br>e location of ea<br>Canadian statio   | multicast strend or before Jumitter or an a conter "E". If , see page (vich station. Fons, if any, givenel line-ups,   | eam that is not some 30, 2009, be association repressor you carried the of the general or U.S. stations, we the name of the use a separate   | subject to a royalty<br>etween a cable sy<br>esenting the prima<br>channel on any o<br>instructions locate<br>list the community<br>ne community with<br>space G for each   | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  If the which the station is licensed by the match the station is identifed.   |                              |
| KION/KIONHD         46/1046         N         No         Monterey, CA         additional info on alphabetize           KIOND2/KIOND2H         46/1046         I         No         Monterey, CA           KMUV-LP         23         I         No         Monterey, CA           KOTR-LP         2         I         No         Monterey, CA           KQET/KQETHD         25/1025         E         No         Watsonville, CA           KSBW/KSBWHD         8/1008         N         No         Salinas, CA  | KION/KIONHD         46/1046         N         No         Monterey, CA         additional information alphabetization.           KIOND2/KIOND2H         46/1046         I         No         Monterey, CA           KMUV-LP         23         I         No         Monterey, CA           KOTR-LP         2         I         No         Monterey, CA           KQET/KQETHD         25/1025         E         No         Watsonville, CA           KSBW/KSBWHD         8/1008         N         No         Salinas, CA           KSBWD2/KSBWH         8/1008         N         No         Salinas, CA  | For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: If you are utilizin 1. CALL  | entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static g multiple characteristics. B'CAST CHANNEL  | multicast stren or before Jumitter or an a center "E". If y see page (v) ch station. For significant of the station of the sta | earn that is not some 30, 2009, be association repressor you carried the of the general or U.S. stations, the the name of the use a separate  EL LINE-UP  4. DISTANT?  | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each  AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the which the station is identifed. channel line-up.  |                              |
| KION/KIONHD         46/1046         N         No         Monterey, CA         additional info           KIOND2/KIOND2H         46/1046         I         No         Monterey, CA           KMUV-LP         23         I         No         Monterey, CA           KOTR-LP         2         I         No         Monterey, CA           KQET/KQETHD         25/1025         E         No         Watsonville, CA           KSBW/KSBWHD         8/1008         N         No         Salinas, CA   | KION/KIONHD         46/1046         N         No         Monterey, CA         additional information alphabetization.           KIOND2/KIOND2H         46/1046         I         No         Monterey, CA           KMUV-LP         23         I         No         Monterey, CA           KOTR-LP         2         I         No         Monterey, CA           KQET/KQETHD         25/1025         E         No         Watsonville, CA           KSBW/KSBWHD         8/1008         N         No         Salinas, CA           KSBWD2/KSBWH         8/1008         N         No         Salinas, CA  | For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the <b>Column 6</b> : Give the FCC. For Mexican or Column 6 are utilizing 1. CALL SIGN  | entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static ag multiple char  2. B'CAST CHANNEL NUMBER  | multicast stren or before Jumitter or an a center "E". If y see page (v) ch station. For significant of the station of the sta | eam that is not some 30, 2009, be association repreyou carried the of the general or U.S. stations, et he name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)   | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each  AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the match which the station is identified. It is channel line-up.  6. LOCATION OF STATION  |                              |
| KIOND2/KIOND2H         46/1046         I         No         Monterey, CA           KMUV-LP         23         I         No         Monterey, CA           KOTR-LP         2         I         No         Monterey, CA           KQET/KQETHD         25/1025         E         No         Watsonville, CA           KSBW/KSBWHD         8/1008         N         No         Salinas, CA   | KIOND2/KIOND2H         46/1046         I         No         Monterey, CA           KMUV-LP         23         I         No         Monterey, CA           KOTR-LP         2         I         No         Monterey, CA           KQET/KQETHD         25/1025         E         No         Watsonville, CA           KSBW/KSBWHD         8/1008         N         No         Salinas, CA           KSBWD2/KSBWH         8/1008         N         No         Salinas, CA  | For the retransmiss of a written agreement the cable system and a cion "E" (exempt). For sexplanation of these the Column 6: Give the CCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN   | entered into o a primary trans simulcasts, also tree categories e location of ea Canadian static ag multiple charge.  2. B'CAST CHANNEL NUMBER  35/1035  | multicast stren or before Jumitter or an a center "E". If y see page (v) ch station. For significant of the station of the sta | eam that is not some 30, 2009, be association repressor you carried the control of the general or U.S. stations, the the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)  | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each  AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. If the which the station is licensed by the nawhich the station is identified. In which the station is identified.  Channel line-up.  6. LOCATION OF STATION  Salinas, CA  | <br>Soo instructions for     |
| KMUV-LP         23         I         No         Monterey, CA           KOTR-LP         2         I         No         Monterey, CA           KQET/KQETHD         25/1025         E         No         Watsonville, CA           KSBW/KSBWHD         8/1008         N         No         Salinas, CA  | KMUV-LP         23         I         No         Monterey, CA           KOTR-LP         2         I         No         Monterey, CA           KQET/KQETHD         25/1025         E         No         Watsonville, CA           KSBW/KSBWHD         8/1008         N         No         Salinas, CA           KSBWD2/KSBWH         8/1008         N         No         Salinas, CA   | For the retransmiss of a written agreement the cable system and a cion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Lical Sign   | entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static g multiple char  2. B'CAST CHANNEL NUMBER  35/1035  | multicast stren or before Jumitter or an a center "E". If , see page (v) ch station. For one, if any, givenel line-ups,  CHANN  3. TYPE  OF  STATION  I  | eam that is not some 30, 2009, be sociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)  No  No  | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each  AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the match which the station is identified. It is channel line-up.  6. LOCATION OF STATION  Salinas, CA  Salinas-Monterey, CA   | additional information       |
| KOTR-LP         2         I         No         Monterey, CA           KQET/KQETHD         25/1025         E         No         Watsonville, CA           KSBW/KSBWHD         8/1008         N         No         Salinas, CA   | KOTR-LP         2         I         No         Monterey, CA           KQET/KQETHD         25/1025         E         No         Watsonville, CA           KSBW/KSBWHD         8/1008         N         No         Salinas, CA           KSBWD2/KSBWH         8/1008         N         No         Salinas, CA  | For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the F     | entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static growth multiple characteristics. B'CAST CHANNEL NUMBER 35/1035 33 46/1046   | multicast stren or before Jumitter or an a center "E". If , see page (v) ch station. For one, if any, givenel line-ups,  CHANN  3. TYPE  OF  STATION  I  | eam that is not some 30, 2009, be sociation repreyou carried the of the general or U.S. stations, the the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each  AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. If the which the station is licensed by the nation which the station is identified. In channel line-up.  6. LOCATION OF STATION  Salinas, CA  Salinas-Monterey, CA  Monterey, CA   | additional information       |
| KQET/KQETHD         25/1025         E         No         Watsonville, CA           KSBW/KSBWHD         8/1008         N         No         Salinas, CA   | KQET/KQETHD         25/1025         E         No         Watsonville, CA           (SBW/KSBWHD         8/1008         N         No         Salinas, CA           (SBWD2/KSBWH         8/1008         N         No         Salinas, CA  | For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colonia in the column 6: Give the FCC. For Mexican or Colonia in the column 6: Give the FCC. For Mexican or Colonia in the column 6: Give the FCC. For Mexican or Colonia in the colon     | entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static g multiple characteristics.  2. B'CAST CHANNEL NUMBER  35/1035  33  46/1046   | multicast stren or before Jumitter or an a center "E". If , see page (v) ch station. For one, if any, givenel line-ups,  CHANN  3. TYPE  OF  STATION  I  | eam that is not some 30, 2009, be sociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)  No  No  No  No  | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each  AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the which the station is identifed. channel line-up.  6. LOCATION OF STATION  Salinas, CA  Salinas-Monterey, CA  Monterey, CA  Monterey, CA   | additional information       |
| KSBW/KSBWHD 8/1008 N No Salinas, CA  | KSBW/KSBWHD         8/1008         N         No         Salinas, CA           (SBWD2/KSBWH         8/1008         N         No         Salinas, CA   | For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KCBA/KCBAHD  KDJT  KION/KIONHD  KIOND2/KIOND2H  KMUV-LP  | entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static g multiple charge.  2. B'CAST CHANNEL NUMBER  35/1035  33  46/1046  46/1046   | multicast stren or before Jumitter or an a center "E". If , see page (v) ch station. For one, if any, givenel line-ups,  CHANN  3. TYPE  OF  STATION  I  | eam that is not some 30, 2009, be sociation represented the control of the general or U.S. stations, the the name of the use a separate to the control of the general or U.S. stations, the the name of the use a separate to the control of the contr | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each  AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. If to which the station is licensed by the nawhich the station is identifed. In the channel line-up.  6. LOCATION OF STATION  Salinas, CA  Salinas-Monterey, CA  Monterey, CA  Monterey, CA  Monterey, CA  | additional information       |
|  | (SBWD2/KSBWH 8/1008 N No Salinas, CA   | For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KCBA/KCBAHD  KCBA/KCBAHD  KDJT  KION/KIONHD  KIOND2/KIOND2H  KMUV-LP  KOTR-LP  | entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static ag multiple characteristics.  2. B'CAST CHANNEL NUMBER 35/1035 33 46/1046 46/1046 23 2  | multicast stren or before Jumitter or an a center "E". If , see page (v. ch station. Forms, if any, givenel line-ups,  CHANN  3. TYPE  OF  STATION  I  N  I  I  I  | eam that is not some 30, 2009, be sociation represented the control of the general of the general of U.S. stations, the the name of the use a separate to the control of the general of U.S. stations, the the name of the use a separate to the control of the contr | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each  AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the which the station is identifed. It is channel line-up.  6. LOCATION OF STATION  Salinas, CA  Salinas-Monterey, CA  Monterey, CA  Monterey, CA  Monterey, CA  Monterey, CA  Monterey, CA  | additional information       |
|  |  | For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KCBA/KCBAHD  KDJT  KION/KIONHD  KIOND2/KIOND2H  KMUV-LP  KOTR-LP  KQET/KQETHD  | entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static growth multiple charge categories e location of ea Canadian static growth multiple charge categories e location of ea Canadian static growth multiple charge categories e location of ea Canadian static growth multiple charge categories and static growth multiple charge categories and static grow | multicast stren or before Jumitter or an a center "E". If , see page (v) ch station. For station, if any, givenel line-ups,  CHANN  3. TYPE  OF  STATION  I  N  I  L  E  | eam that is not some 30, 2009, be sociation repreyou carried the control of the general or U.S. stations, the the name of the use a separate to the control of the general or U.S. stations, the the name of the use a separate to the control of the  | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each  AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the nawhich the station is identifed. It is channel line-up.  6. LOCATION OF STATION  Salinas, CA Salinas-Monterey, CA Monterey, CA  | additional information       |
| KSMS/KSMSHD 67/1067 I No Monterey. CA  |  | For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KCBA/KCBAHD  KCBA/KCBAHD  KODJT  KION/KIONHD  KIOND2/KIOND2H  KMUV-LP  KOTR-LP  KQET/KQETHD  KSBW/KSBWHD   | entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static ag multiple charge.  2. B'CAST CHANNEL NUMBER 35/1035 33 46/1046 23 2 25/1025 8/1008  | multicast stren or before Jumitter or an a center "E". If , see page (v, ch station. Fons, if any, givenel line-ups,  CHANN  3. TYPE  OF  STATION  I  N  I  L  L  E  N   | eam that is not some any that is not some any 2009, be sociation repreyou carried the control of the general or U.S. stations, the the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)  No  No  No  No  No  No  No  No  No  | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each  AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. If to which the station is licensed by the nawhich the station is identified. In channel line-up.  6. LOCATION OF STATION  Salinas, CA  Salinas-Monterey, CA  Monterey, CA  Monterey, CA  Monterey, CA  Watsonville, CA  Salinas, CA   | additional information       |
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|  |  | For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing.  1. CALL SIGN  KCBA/KCBAHD  KDJT  KION/KIONHD  KIOND2/KIOND2H  KMUV-LP  KOTR-LP  KQET/KQETHD  KSBW/KSBWHD   | entered into o a primary trans simulcasts, also aree categories e location of ea Canadian static growth multiple characteristics of the control of the contr | multicast stren or before Jumitter or an a center "E". If , see page (v, ch station. Fons, if any, givenel line-ups,  CHANN  3. TYPE  OF  STATION  I  N  I  L  L  E  N   | eam that is not some any that is not some any 2009, be sociation repreyou carried the control of the general or U.S. stations, enthe name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No   | subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each  AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the which the station is identifed. In the channel line-up.  6. LOCATION OF STATION  Salinas, CA  Salinas-Monterey, CA  Monterey, CA  Monterey, CA  Monterey, CA  Watsonville, CA  Salinas, CA  Salinas, CA  Salinas, CA   | additional information       |

| FORM SA3E. PAGE 3.  |   |  |  |   |   |   |
|---|---|--|--|---|---|---|
| LEGAL NAME OF OWN   |   |  |  |   | SYSTEM ID#  | Name  |
| Pacific Bell Tel  | ephone Cor  | npany  |  |   | 63097   |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO  | ON   |  |   |   |   |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the | system during the consine and consine as explaine stations: With recording the consideration of the consideration | ne accounting a June 24, 1944), or 76.63 (r d in the next prespect to any litions, or auth G—but do list litute basis. Ince I, if the staterning substite sign. Do not reast a station accepted to the state of the s | period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>distant stations<br>orizations:<br>tit in space I (the<br>tition was carried<br>ute basis station<br>eport origination<br>coording to its ov-<br>be reported in our   | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television statistics).   | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel | G<br>Primary<br>Transmitters:<br>Television |
| educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the                              | e in each case varieties e in each case varieties e terms, see pation is outside ce area, see parave entered "Year e distant statication on a part-tiricion of a distant e entered into on a primary transissimulcasts, also aree categories, e location of ea Canadian statio  | whether the st<br>tter "N" (for no<br>concommercial<br>coage (v) of the<br>the local servage (v) of the<br>es" in column<br>on during the a<br>multicast streen<br>or before Ju<br>mitter or an as<br>column the remaining the remaining<br>of enter "E". If<br>a see page (v)<br>ch station. Fo<br>nos, if any, give  | etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct and the search and the search and the search area that is not search and the search are the search and the s | for network multic<br>or "E-M" (for nonce<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, so<br>d. Indicate by enterior to a royalty<br>ettivated channel of<br>subject to a royalty<br>ettween a cable sys-<br>senting the prima<br>channel on any of<br>instructions locate<br>list the community | es". If not, enter "No". For an expaper SA3 form.  Stating the basis on which your dering "LAC" if your cable system capacity.  To payment because it is the subject stem or an association representing the transmitter, enter the designation in the paper SA3 form.  To which the station is licensed by the which the station is identified.  |   |
|   |   | CHANN  | EL LINE-UP   | AB  |   |   |
| 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 63097 **Pacific 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). CALL SIGN AM or FM 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                                    |
| Pacific Bell Telephone  | Compan  | У  |   |   |  | 63097                             | Numo                                    |
| SUBSTITUTE CARRIAGE   | : SPECIA  | L STATEMEN   | IT AND PROGRAM LOG  |   |  |                                   |   |
| In General: In space I, ident<br>substitute basis during the are<br>explanation of the programm   | ccounting pe  | riod, under spe  | ecific present and former FC  | C rules, regula   | ations, or authorization   | s. For a further                  | Substitute                              |
| 1. SPECIAL STATEMENT  |   |  |   |   |  |                                   | Carriage:                               |
| During the accounting per<br>broadcast by a distant state   |   | r cable system   | carry, on a substitute basi   | s, any nonnet   | twork television progr<br><b>Yes</b>   |                                   | Special<br>Statement and<br>Program Log |
| Note: If your answer is "No   | ", leave the  | rest of this pag   | ge blank. If your answer is '   | 'Yes," you mu   | ist complete the prog  | am                                |   |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | titute progra ice, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE in was broad sign of the s adcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming | m on a separa attach additional network televiton and that your authorization at use general of the Basketball: Ideast live, enterestation broadca on's location (thins, if any, the when your system substitute program carrillisted program ons in effect du | al pages. ision program (substitute pur cable system substitutes. See page (vi) of the geneategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute purposed by a system from 6:01: | 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 yes enter the letter | during the accounting ramming of another sons located in the paper List specific programmed by the FCC or, in tiffied).  The programmed by the the management of the times accurately a programmed by the times accurately accurately account of the times accurately ac | tation<br>er<br>n<br>onth<br>tely |   |
| , , , , ,   |   |  |   |   | N SUBSTITUTE   | 7. REASON                         |   |
|   | SUBSTITUT<br>2. LIVE?   | E PROGRAM  3. STATION'S  |   | 5. MONTH  | AGE OCCURRED  6. TIMES   | FOR DELETION                      |   |
| TITLE OF PROGRAM  | Yes or No   | CALL SIGN  | 4. STATION'S LOCATION   | AND DAY   | FROM — TO  |                                   |   |
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Pacific Bell Telephone Company

63097

### J

### Part-Time Carriage Log

### PART-TIME CARRIAGE LOG

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

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

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

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

|           |      | 5,1        |      |    | F PART-TIME ( | 7,11(1,7,10) |        |            |     |          |
|-----------|------|------------|------|----|---------------|--------------|--------|------------|-----|----------|
| CALL SIGN | WHEN | CARRIAGE O |      | D  | CALL SIG      | N            | WHEN C | CARRIAGE O |     |          |
|           | DATE | FROM       | OURS | то |               | DA           | TE     | FROM       | OUR | ts<br>TO |
|           |      |            | _    |    |               |              |        |            | _   |          |
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| LEGA   | SA3E. PAGE 7.  LI NAME OF OWNER OF CABLE SYSTEM:  Lific Bell Telephone Company  |  | SYSTEM ID# 63097                           | Name   |
|--|---|--|--|--|
| GRO<br>Inst<br>all a<br>(as i<br>page  | DSS 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 second dentifed in space E) during the accounting period. For a further explanation of how to coe (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<br>ompute this amount  | total of<br>service<br>, see<br>512,418.02 | K<br>Gross Receipts  |
| • Com • Com • If you fee to accompace to the second | 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. ur system did not carry any distant television stations, leave block 3 blank. Enter the arrivent block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account. | arts of the DSE Scho                       | edule                                      | Copyright<br>Royalty Fee   |
| bloc If pa 3 be If pa  | k 3 below.<br>rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e   | entered on line 2 in t                     | block                                      |  |
| 1  | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  This is your minimum fee.  | e is 1.064 percent of                      |  |  |
|  | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period yes—Complete the DSE schedule.  | information you gav<br>nn 4, you must chec | e in<br>k                                  |  |
| Block<br>3   | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero   | \$   | 0.00                                       |  |
|  | Line 3. Add lines 1 and 2 and enter here  | \$   | -  |  |
| Block<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.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9   | \$   | 0.00                                       | Cable systems<br>submitting<br>additional<br>deposits under<br>Section 111(d)(7) |
|  | (Interest Worksheet)  | \$   | 725.00                                     | should contact<br>the Licensing<br>additional fees.<br>Division for the          |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here  | \$   | 27,457.13                                  | appropriate<br>form for<br>submitting the<br>additional fees.                    |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Signeral instructions located in the paper SA3 form for more information.)  | See page (i) of the                        |  |  |

| Nama                     | LEGAL NAME OF OWNER   | OF CABLE S    | YSTEM:  | SYSTEM ID#                 |  |  |  |  |  |  |  |
|--------------------------|---|---------------|---|----------------------------|--|--|--|--|--|--|--|
| Name                     | Pacific Bell Telep  | hone Co       | mpany   | 63097                      |  |  |  |  |  |  |  |
|                          | CHANNELS  |               |   |                            |  |  |  |  |  |  |  |
| М                        |   | must give     | (1) the number of channels on which the cable system carried television broadcas  | st stations                |  |  |  |  |  |  |  |
|                          | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. |               |   |                            |  |  |  |  |  |  |  |
| Channels                 |   | (=)           |   |                            |  |  |  |  |  |  |  |
|                          |   |               | hannels on which the cable  | 17                         |  |  |  |  |  |  |  |
|                          | system carried tel  | evision br    | padcast stations  |                            |  |  |  |  |  |  |  |
|                          | 2. Enter the total nu   | ımher of a    | ctivated channels   |                            |  |  |  |  |  |  |  |
|                          |   |               | carried television broadcast stations   |                            |  |  |  |  |  |  |  |
| ı                        |   | •             |   | 620                        |  |  |  |  |  |  |  |
|                          |   |               |   |                            |  |  |  |  |  |  |  |
| N                        | INDIVIDUAL TO BI  | E CONTA       | CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual  |                            |  |  |  |  |  |  |  |
|                          | we can contact abo  | out this sta  | tement of account.)   |                            |  |  |  |  |  |  |  |
| Individual to            |   |               |   |                            |  |  |  |  |  |  |  |
| Be Contacted for Further | Name <b>Susan</b>   | Roddir        | Telephone   | 972-269-1938               |  |  |  |  |  |  |  |
| Information              |   |               |   |                            |  |  |  |  |  |  |  |
|                          | Address 2270 L  | وادمها        | a Divid   |                            |  |  |  |  |  |  |  |
|                          |   |               | ⊋ DIVU<br>oute, apartment, or suite number)   |                            |  |  |  |  |  |  |  |
|                          | Richar  | dson. 1       | TX 75082  |                            |  |  |  |  |  |  |  |
|                          |   | , state, zip) |   |                            |  |  |  |  |  |  |  |
|                          |   | 707           | 20 #  |                            |  |  |  |  |  |  |  |
|                          | Email   | Sr/2/         | 2@att.com Fax (optional)  |                            |  |  |  |  |  |  |  |
|                          |   |               |   |                            |  |  |  |  |  |  |  |
|                          | CERTIFICATION (Th   | nis statem    | ent of account must be certifed and signed in accordance with Copyright Office re   | gulations.                 |  |  |  |  |  |  |  |
| 0                        |   |               |   |                            |  |  |  |  |  |  |  |
| Certifcation             | • I, the undersigned,   | hereby cer    | tify that (Check one, but only one, of the boxes.)  |                            |  |  |  |  |  |  |  |
|                          | (Owner other the  | an cornor     | ation or partnership) I am the owner of the cable system as identifed in line 1 of space  | ce B· or                   |  |  |  |  |  |  |  |
|                          | (Owner other the  | an corpora    | tion of partiership) I am the owner of the cable system as identified in line 1 of space  | ,e b, oi                   |  |  |  |  |  |  |  |
|                          | (Agent of owner   | other the     | n corporation or partnership) I am the duly authorized agent of the owner of the cab  | ale system as identified   |  |  |  |  |  |  |  |
|                          |   |               | that the owner is not a corporation or partnership; or  | ne system as identified    |  |  |  |  |  |  |  |
|                          | X (Officer or partn   | anr) I am a   | 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   |               | in officer (in a corporation) or a partition (in a partition ship) of the regardinary definited as t  | Swiler of the cable system |  |  |  |  |  |  |  |
|                          | I have examined the   | a statemer    | nt of account and hereby declare under penalty of law that all statements of fact contai  | ined herein                |  |  |  |  |  |  |  |
|                          |   |               | to the best of my knowledge, information, and belief, and are made in good faith.   | illed Hereill              |  |  |  |  |  |  |  |
|                          | [18 U.S.C., Section 1   | 1001(1986     | )]  |                            |  |  |  |  |  |  |  |
|                          |   |               |   |                            |  |  |  |  |  |  |  |
|                          |   |               |   |                            |  |  |  |  |  |  |  |
|                          |   | V             | /a/Mishaal Cantagrassi  |                            |  |  |  |  |  |  |  |
|                          |   | X             | /s/ Michael Santogrossi   |                            |  |  |  |  |  |  |  |
|                          |   |               | electronic signature on the line above using an "/s/" signature to certify this statement.  |                            |  |  |  |  |  |  |  |
|                          |   |               | John Smith). Before entering the first forward slash of the /s/ signature, place your curso<br>on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot |                            |  |  |  |  |  |  |  |
|                          |   |               |   | 22 22pada, oodiiigo.       |  |  |  |  |  |  |  |
|                          |   | Typed         | or printed name: Michael Santogrossi  |                            |  |  |  |  |  |  |  |
|                          |   |               |   |                            |  |  |  |  |  |  |  |
|                          |   |               |   |                            |  |  |  |  |  |  |  |
| ı                        |   | Title:        | Vice President – Finance  |                            |  |  |  |  |  |  |  |
|                          |   |               | (Title of official position held in corporation or partnership)   |                            |  |  |  |  |  |  |  |
| ı                        |   |               |   |                            |  |  |  |  |  |  |  |
| į                        |   | Date:         | August 26, 2019   |                            |  |  |  |  |  |  |  |
|                          |   |               |   |                            |  |  |  |  |  |  |  |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  | Nome                                    |
|---|---|---|
| Pacific Bell Telephone Company  | 63097   | Name                                    |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable sy service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursure.  For more information on when to exclude these amounts, see the note on page (vii) of the general | rstem for the basic<br>n shall not include sub-<br>ant to section 119." | P<br>Special<br>Statement<br>Concerning |
| paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for second by satellite carriers to satellite dish owners?   |   | Gross Receipts<br>Exclusion             |
| X NO  |   |   |
| YES. Enter the total here and list the satellite carrier(s) below   |   |   |
| Name Mailing Address Mailing Address Mailing Address  |   |   |
|   |   |   |
| INTEREST ASSESSMENTS  |   |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payn For an explanation of interest assessment, see page (viii) of the general instructions in the paper  |   | Q                                       |
| Line 1 Enter the amount of late payment or underpayment   | x   | Interest<br>Assessment                  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   |   |   |
|   | x days  |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  | -   |   |
|   | x 0.00274   |   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)   | _   |   |
|   | (interest charge)   |   |
| * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For fur contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.   | ther assistance please  |   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  |   |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the C please list below the owner, address, first community served, accounting period, and ID number a filing.  |   |   |
| Owner Address   |   |   |
| First community served  |   |   |
| Accounting period   |   |   |
| ID number   |   |   |

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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:

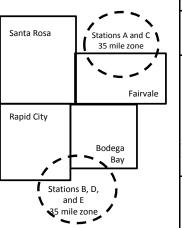
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 | f Subscriber Groups    |                  |
|---|--------------------------|-------------|------------------|------------------------|------------------|
|   | 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)

| DSE SCHEDULE. PAG       |   |                    |                                  |                 |                               |           |  |  |  |  |
|-------------------------|---|--------------------|----------------------------------|-----------------|-------------------------------|-----------|--|--|--|--|
| 1                       | LEGAL NAME OF OWNER OF CABL                     |                    |                                  |                 | S                             | STEM ID#  |  |  |  |  |
| •                       | Pacific Bell Telephone Company 6309             |                    |                                  |                 |                               |           |  |  |  |  |
|                         | SUM OF DSEs OF CATEGOR                          | RY "O" STATIO      | NS:                              |                 |                               |           |  |  |  |  |
|                         | <ul> <li>Add the DSEs of each statio</li> </ul> |                    |                                  |                 |                               |           |  |  |  |  |
|                         | Enter the sum here and in line                  | 1 of part 5 of th  | is schedule.                     |                 | 0.00                          |           |  |  |  |  |
|                         | Instructions:                                   |                    |                                  | -               |                               | -         |  |  |  |  |
| 2                       | In the column headed "Call                      | Sign": list the ca | all signs of all distant station | s identified by | by the letter "O" in column 5 |           |  |  |  |  |
| Commutation             | of space G (page 3). In the column headed "DSE  | ": for each inder  | ondent station, give the DS      | E ac "1 0": for | and natwork or nancom         |           |  |  |  |  |
| Computation of DSEs for | mercial educational station, gi                 |                    |                                  | E as 1.0 , 101  | each network of noncom        | •         |  |  |  |  |
| Category "O"            | o.ciai caacaatoriai ctatiori, gi                |                    | CATEGORY "O" STATIO              | NS: DSEs        |                               | r noncom- |  |  |  |  |
| Stations                | CALL SIGN                                       | DSE                | CALL SIGN                        | DSE             | CALL SIGN                     | DSE       |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
| Add rows as             |   | <b>†</b>           |                                  | <b>†</b>        |                               |           |  |  |  |  |
| necessary.              |   | <b>†</b>           |                                  |                 |                               |           |  |  |  |  |
| Remember to copy        |   |                    |                                  | <b>†</b>        |                               |           |  |  |  |  |
| all formula into new    |   |                    |                                  | <b></b>         |                               |           |  |  |  |  |
| rows.                   |   |                    |                                  | <b></b>         |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
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|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
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|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
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|                         |   |                    |                                  |                 |                               | <br>      |  |  |  |  |
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|                         |   |                    |                                  | <b></b>         |                               |           |  |  |  |  |
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|                         |   |                    |                                  | <b></b>         |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
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|                         |   |                    |                                  | <b></b>         |                               | <u> </u>  |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  | <b>.</b>        |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  |                 |                               |           |  |  |  |  |
|                         |   |                    |                                  | <u> </u>        |                               |           |  |  |  |  |

| Name  |  | NER OF CABLE SYSTEM:<br>lephone Company  | ,  |  |  |   | S   | 43097  |
|---|--|--|--|--|--|---|---|--------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2: F<br>figure should cor<br>Column 3: F<br>Column 4: D<br>be carried out at<br>Column 5: F<br>give the type-val<br>Column 6: M | he call sign of all distator each station, give the respond with the information each station, give the bivide the figure in coluleast to the third decirator each independent sue as ".25."  Multiply the figure in colulations | the number of hours mation given in spane total number of limn 2 by the figure nal point. This is the station, give the "tyllumn 4 by the figure lumn 4 by the figure.                   | your cable system<br>ce J. Calculate or<br>nours that the stat<br>in column 3, and g<br>e "basis of carriag<br>pe-value" as "1.0."<br>e in column 5, and   | n carried the sta<br>ally one DSE for each on broadcast ow<br>give the result in<br>e value" for the so<br>For each netwood  | tion during the accounting<br>each station.<br>Wer the air during the accord<br>decimals in column 4. The         | ounting period.  nis figure must  acational station,  less than the |        |
| Capacity  |  | С  | ATEGORY LA   | STATIONS:  | COMPUTATI  | ON OF DSEs  |   |        |
|   | 1. CALL<br>SIGN  | 2. NUMBE<br>OF HOU<br>CARRIE<br>SYSTEM   | JRS C<br>ED BY S<br>M C  | IUMBER<br>DF HOURS<br>STATION<br>DN AIR  | 4. BASIS OF<br>CARRIAG<br>VALUE  | GE VALUI  | E   |        |
|   |  |  |  |  |  | x   |   |        |
|   |  |  |  |  |  | x   |   |        |
|   |  |  | ÷  |  |  | x   | =   |        |
|   |  |  | ÷  |  |  | x<br>x  |   |        |
|   |  |  |  |  |  | x   |   |        |
|   |  |  | ÷  | _  | _  |   | =   |        |
|   |  |  | ÷  |  |  | x   | =   |        |
|   | Add the DSEs of  | F CATEGORY LAC S<br>each station.<br>here and in line 2 of pa  |  | le,  |  | 0.00  |   |        |
| Computation of DSEs for Substitute-Basis Stations                                   | Was carried by tions in effect     Broadcast one space I).     Column 2: For at your option. Thi     Column 3: Ent     Column 4: Div   | y your system in substi<br>on October 19, 1976 (i<br>or more live, nonnetwor<br>r each station give the<br>is figure should correst<br>ter the number of days<br>ride the figure in colum<br>s is the station's DSE              | itution for a prograr<br>as shown by the le-<br>ork programs during<br>number of live, not<br>spond with the infor<br>in the calendar ye<br>in 2 by the figure in<br>(For more informati | n that your system ter "P" in column that optional carrinatework program mation in space I. ar: 365, except in column 3, and given on on rounding, see the system of the s | was permitted to form the form of space (); and age (as shown by sometimes carried in substance a leap year. We the result in company to the page (viii) of the form of the fo | the word "Yes" in column<br>titution for programs that<br>plumn 4. Round to no les<br>the general instructions in | 2 of were deleted   | rm).   |
|   | ,  | SUI  | BSTITUTE-BAS   | SIS STATIONS   | S: COMPUTA   | ATION OF DSEs   | _   | 1      |
|   | 1. CALL 2<br>SIGN  | NUMBER<br>OF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR  | 4. DSE   | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR                                     | 4. DSE |
|   |  | ÷  |  | =  |  | ÷   |   | =      |
|   |  | ÷  |  | =  |  | ÷   |   | =      |
|   |  | ÷  | <u> </u>   | =  | ·  | -   |   | =      |
|   |  | ÷  |  | =  |  | ÷   |   | =      |
|   | Add the DSEs of  | F SUBSTITUTE-BASI<br>each station.<br>here and in line 3 of pa   |  | le,  |  | 0.00  |   |        |
| <b>5</b> Total Number of DSEs   | number of DSEs ap  | OF DSEs: Give the am pplicable to your system SEs from part 2 ● SEs from part 3 ●  |  | s in parts 2, 3, and   | 4 of this schedule   | e and add them to provide   | 0.00<br>0.00  |        |
| O. DOLS   |  | ·  |  |  |  | [   | 0.00  |        |
|   | 3. Number of D   | SEs from part 4 ●  |  |  |  |   | <u> </u>  |        |
|   | TOTAL NUMBER   | OF DSEs  |  |  |  |   |   | 0.00   |

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

| LEGAL NAME OF C                                     |   |                             |                                    |  |                 |                  | S'                    | YSTEM ID#    | Name   |
|---|---|-----------------------------|------------------------------------|--|-----------------|------------------|-----------------------|--------------|--|
| Pacific Bell Te                                     |   |                             |                                    |  |                 |                  |                       | 63097        |  |
| Instructions: Bloc<br>In block A:                   |   |                             |                                    |  |                 |                  |                       |              | •  |
| <ul> <li>If your answer if<br/>schedule.</li> </ul> |   |                             |                                    | 7 of the DSE sche  | edule blank aı  | nd complete pa   | art 8, (page 16) of   | the          | 6  |
| If your answer if                                   | "No," complete blo                                    |                             |                                    | ELEVISION M  | ARKETS          |                  |                       |              | Computation of                               |
| Is the cable syster                                 |   |                             |                                    |  |                 | ection 76.5 of   | FCC rules and re      | gulations in | 3.75 Fee                                     |
| effect on June 24, Yes—Com                          |   | schedule—[                  | OO NOT COM                         | PLETE THE REMA   | AINDER OF F     | PART 6 AND 7     |                       |              |  |
| <del></del>   | lete blocks B and                                     |                             |                                    |  |                 | ,                |                       |              |  |
|   |   | BLOG                        | CK B: CARR                         | IAGE OF PERI   | MITTED DS       | SEs              |                       |              |  |
| Column 1:   | List the call signs                                   |                             |                                    | part 2, 3, and 4 o   |                 |                  | tem was permitte      | d to carry   |  |
| CALL SIGN   |   | ne DSE Sche                 | dule. (Note: TI                    | ne 25, 1981. For for<br>the letter M below r<br>Act of 2010.)    | •               | •                |                       |              |  |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE      | (Note the FCC ru                                      | ules and regu               | lations cited b                    | sis on which you o<br>elow pertain to tho<br>rket quota rules [7 | se in effect o  | n June 24, 198   |                       | j tc         |  |
| O WWW.  | B Specialty stati<br>C Noncommeric<br>D Grandfathered | al educational station (76. | al station [76.5<br>65) (see parag | 76.59(d)(1), 76.61(<br>9(c), 76.61(d), 76.<br>graph regarding su | 63(a) referrin  | g to 76.61(d)    |                       |              |  |
|   | •   | ant to individe             | ual waiver of Fed on a part-tin    | ne or substitute ba  | •               |                  |                       |              |  |
|   | G Commercial L<br>M Retransmission                    |                             |                                    | contour, [76.59(d)(<br>eam.                                      | (5), 76.61(e)(8 | 5), 76.63(a) ref | erring to 76.61(e)    | (5)          |  |
| 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<br>BASIS                                 | 3. DSE                      | 1. CALL<br>SIGN                    | 2. PERMITTED<br>BASIS  | 3. DSE          | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS | 3. DSE       |  |
|   |   |                             |                                    |  |                 |                  |                       |              |  |
|   |   |                             |                                    |  |                 |                  |                       |              |  |
|   |   |                             |                                    |  |                 |                  |                       |              |  |
|   |   |                             |                                    |  |                 |                  |                       |              |  |
|   |   |                             |                                    |  |                 |                  |                       | 0.00         |  |
|   |   | В                           | LOCK C: CO                         | MPUTATION OF   | 3.75 FEE        |                  |                       | <del>_</del> |  |
| Line 1: Enter the                                   | total number of                                       | DSEs from                   | nart 5 of this                     | schedule   |                 |                  |                       | _            |  |
| Line 2: Enter the                                   |   |                             |                                    |  |                 |                  | -                     |              |  |
| Line 3: Subtract                                    | ·   |                             |                                    |  | t to the 2 75   | rate             |                       |              |  |
|   |   |                             |                                    | 7 of this schedu   |                 |                  |                       | 0.00         | Do any of the                                |
| Line 4: Enter gro                                   | ss receipts from                                      | ı space K (p                | age 7)                             |  |                 |                  | x 0.03                | 375          | Do any of the<br>DSEs represent<br>partially |
| Line 5: Multiply li                                 | ine 4 by 0.0375                                       | and enter s                 | um here                            |  |                 |                  | x                     |              | permited/<br>partially<br>nonpermitted       |
| Line 6: Enter tota                                  | al number of DS                                       | Es from line                | 3                                  |  |                 |                  |                       |              | carriage? If yes, see part 9 instructions.   |
| Line 7: Multiply li                                 | ine 6 by line 5 aı                                    | nd enter her                | e and on line                      | 2, block 3, spac   | e L (page 7)    |                  |                       | 0.00         | J  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Pacific Bell Telephone Company  63097 |                       |   |                 |                       |           |                 |                       |        | Name                    |
|---|-----------------------|---|-----------------|-----------------------|-----------|-----------------|-----------------------|--------|-------------------------|
|   |                       | BLOCK                                   | 1               | SION MARKETS          | S (CONTIN |                 |                       |        |                         |
| 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS | 3. DSE                                  | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE    | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 6                       |
|   |                       |   |                 |                       |           |                 |                       |        | Computation of 3.75 Fee |
|   |                       | •••••                                   |                 |                       | •         |                 |                       | •••••• | 0.10100                 |
|   |                       |   |                 |                       |           |                 |                       | •••••• |                         |
|   |                       |   |                 |                       |           |                 |                       | •••••• |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       | • |                 |                       | •         |                 |                       | •••••  |                         |
|   |                       |   |                 | -                     |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       | •••••  |                         |
|   |                       |   |                 |                       |           |                 |                       | •••••• |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       | •••••• |                         |
|   |                       |   |                 |                       |           |                 |                       | •••••• |                         |
|   |                       |   |                 |                       |           |                 |                       | •••••• |                         |
|   |                       |   |                 |                       |           |                 |                       | •••••  |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       | •••••  |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       | •••••  |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       | •••••  |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       | •••••• |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |
|   |                       |   |                 |                       |           |                 |                       |        |                         |

| Name  | Pacific Bell Tel  |                |  |                  |      |   |             |                   | S         | 48TEM ID#<br>63097 |
|---|---|----------------|--|------------------|------|---|-------------|-------------------|-----------|--------------------|
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.  Column 1: List the call sign for each distant station identified 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. |                |  |                  |      |   |             |                   |           |                    |
|   |   | PERMITT        | ED DSE FOR STA                           | TIONS CARRI      | ED   | ON A PART-TIME AN   | ID SUBSTI   | TUTE BASIS        |           |                    |
|   | 1. CALL   | 2. PRIC        | OR 3. AC                                 | COUNTING         |      | 4. BASIS OF   | 5. PF       | RESENT            | 6. P      | ERMITTED           |
|   | SIGN  | DSE            | Р  | ERIOD            |      | CARRIAGE  | [           | DSE               |           | DSE                |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                |  |                  | •••• |   |             |                   |           |                    |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                |  |                  |      |   |             |                   |           |                    |
| Computation of the  | 1   | "Yes," comple  | ete blocks B and C<br>locks B and C blar | k and complete   | _    | art 8 of the DSE sched  |             |                   |           |                    |
| Syndicated  |   |                | BLOC                                     | K A: MAJOR       | TI   | ELEVISION MARK  | ET          |                   |           |                    |
| Exclusivity<br>Surcharge  | Is any portion of the or  | cable system v | vithin a top 100 mai                     | or television ma | rke  | et as defned by section 7   | 6.5 of FCC  | rules in effect . | June 24.  | 1981?              |
|   | Yes—Complete  | •              |  |                  |      | X No—Proceed to   |             |                   |           |                    |
|   | - Too Complete  | 2.00.00 2 0.10 |  |                  |      |   | parto       |                   |           |                    |
|   | BLOCK B: C  | arriage of VHI | -/Grade B Contou                         | Stations         |      | BLOCK   | C: Compu    | tation of Exem    | pt DSEs   | 3                  |
|   | Is any station listed in<br>commercial VHF stati<br>or in part, over the ca   | ion that place |  |                  |      | Was any station listed nity served by the cab to former FCC rule 76 | le system p | •                 | •         |                    |
|   | Yes—List each s  X No—Enter zero a  |                | th its appropriate pe<br>part 8.         | rmitted DSE      |      | Yes—List each st  No—Enter zero a                                   |             |                   | ate permi | tted DSE           |
|   | CALL SIGN   | DSE            | CALL SIGN                                | DSE              |      | CALL SIGN   | DSE         | CALL SIG          | SN        | DSE                |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                |  | -                |      |   | <b> </b>    |                   |           |                    |
|   |   |                |  |                  |      |   |             | •                 |           |                    |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                |  |                  |      |   |             |                   |           |                    |
|   |   |                | TOTAL DSEs                               | 0.00             |      |   |             | TOTAL DS          | SEs       | 0.00               |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM: Pacific Bell Telephone Company  | SYSTEM ID#<br>63097 | Name                     |
|---------------|--|---------------------|--------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |                     |                          |
| Section 1     | Enter the amount of gross receipts from space K (page 7)   | 2,512,418.02        | 7                        |
| Section 2     | A. Enter the total DSEs from block B of part 7   | 0.00                | Computation              |
|               | B. Enter the total number of exempt DSEs from block C of part 7  | 0.00                | of the<br>Syndicated     |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8   | 0.00                | Exclusivity<br>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.  X No—Complete section 4 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?      Yes—Complete part 9 of this schedule.      X No—Complete the applicable section below.  |                     |                          |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  | SE                  |                          |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)  |                     |                          |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)   |                     |                          |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here   |                     |                          |
|               | D. Multiply line B by line C and enter here  | _                   |                          |
|               | E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge.  |                     |                          |
| Section<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   |                     |                          |
|               | L SECTION 4: SECOND 50 TELEVISION MARKET   |                     |                          |
| Section       | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.   |                     |                          |
| 4a            | 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 D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1) | SE                  |                          |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$  |                     |                          |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here   |                     |                          |
|               | D. Multiply line B by line C and enter here  |                     |                          |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.  |                     |                          |

| Name                      |               |  | EM ID#  |
|---------------------------|---------------|--|---------|
|                           | l             | Pacific Bell Telephone Company   | 63097   |
| 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 of the        |               | A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$  |         |
| 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.  |         |
|                           |               | F. Multiply line D by line E and enter here  |         |
|                           |               | G. Add lines A, C, and F. This is your surcharge.  |         |
|                           |               | Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge  |         |
|                           |               |  |         |
|                           |               | ctions:  |         |
| 8                         |               | ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  |         |
| 0                         |               | ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  |         |
| Computation of            | -             | ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below             |         |
| Base Rate Fee             | blank         |  |         |
|                           |               | 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       | 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?   |         |
|                           |               | Yes—Complete part 9 of this schedule.  X No—Complete the following sections.   |         |
|                           |               | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |         |
|                           | Section<br>1  | Enter the amount of gross receipts from space K (page 7)   |         |
|                           | Section       | Enter the total number of permitted DSEs from block B, part 6 of this schedule.  |         |
|                           | 2             | (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ 0.00   |         |
|                           | 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 ▶ <u>\$</u> -  |         |
|                           |               | 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  | <u></u> |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#      | Name                      |
|--|-----------------|---------------------------|
| Pacific Bell Telephone Company   | 63097           |                           |
| Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.  |                 |                           |
| 4 A. Enter 0.01064 of gross receipts   |                 | 8                         |
| (the amount in section 1) ▶  |                 |                           |
| B. Enter 0.00701 of gross receipts   | ļ               | Computation               |
| (the amount in section 1) <b>\$</b>  |                 | of                        |
| C. Multiply line B by 3.000 and enter here <b>\$</b>   | ļ               | Base Rate Fee             |
| D. Enter 0.00330 of gross receipts   |                 |                           |
| (the amount in section 1) <b>&gt;</b> \$   |                 |                           |
| 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> \$   | ļ               |                           |
| 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)  | 0.00            |                           |
| Base Rate Fee  | 0.00            |                           |
| IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broads  |                 |                           |
| instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chan Space G.  | nel line-ups in | 9                         |
| In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate for   |                 | Computation               |
| receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take this exclusion, you must:  | advantage of    | of<br>Base Rate Fee       |
| First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant   | to the same     | and                       |
| station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determin   | e the number of | Syndicated<br>Exclusivity |
| DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for <b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.                         | or each group.  | Surcharge                 |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in   |                 | for<br>Partially          |
| must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A a However, if your cable system is wholly located outside all major television markets, complete block A only.   | nd B below.     | Distant<br>Stations, and  |
| How to Identify a Subscriber Group for Partially Distant Stations  |                 | for Partially             |
| Step 1: For each community served, determine the local service area of each wholly distant and each partially distant st   | tation you      | Permitted<br>Stations     |
| carried to that community.  Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were   | located         |                           |
| outside the station's local service area. A subscriber located outside the local service area of a station is distant to that s  |                 |                           |
| 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 distant.  | ıt. 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.                                     | that a cable    |                           |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sy   | vetem's         |                           |
| subscriber groups.   | oterii s        |                           |
| In each section:   |                 |                           |
| <ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a subscriber group.</li> </ul>                                    | all of the      |                           |
| subscribers in the group.  |                 |                           |
| <ul><li>If:</li><li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it</li></ul>  | t in parts 2. 3 |                           |
| and 4 of this schedule; or,  | ·               |                           |
| <ol><li>any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in<br/>part 6 of this schedule.</li></ol>   | block B,        |                           |
| Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.  |                 |                           |
| • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the genera in the paper SA3 form.   | I instructions  |                           |
| Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the   | e preceding     |                           |
| page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (t DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not no actual calculations on the form. |                 |                           |

# LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63097 Pacific 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 OW<br>Pacific Bell Tele |                |                  |              |                      |            | S               | YSTEM ID#<br>63097 | Name                |
|---------------------------------------|----------------|------------------|--------------|----------------------|------------|-----------------|--------------------|---------------------|
|                                       | BLOCK A:       | COMPUTATION O    | F BASE RA    | TE FEES FOR EAC      | CH SUBSCR  | RIBER GROUP     |                    |                     |
|                                       | FIRST          | SUBSCRIBER GRO   | UP           |                      | SECONE     | SUBSCRIBER GRO  | JP                 | 0                   |
| COMMUNITY/ AREA 0                     |                |                  | 0            | COMMUNITY/ ARE       |            |                 | 0                  | 9<br>Computation    |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN |                |                  | DSE          | of                   |            |                 |                    |                     |
|                                       | ·····          |                  |              | -                    |            |                 | ····               | Base Rate Fe        |
|                                       |                | <b> </b>         |              |                      |            |                 |                    | and<br>Syndicated   |
|                                       |                | -                | ••••         |                      |            |                 |                    | Exclusivity         |
|                                       |                |                  | ••••         | -                    |            |                 |                    | Surcharge           |
|                                       |                |                  |              |                      |            |                 |                    | for                 |
|                                       |                |                  |              |                      |            |                 | <u></u>            | Partially           |
|                                       |                |                  |              |                      |            |                 | <u></u>            | Distant<br>Stations |
|                                       |                | <b>-</b>         | ····         |                      |            |                 |                    | Stations            |
|                                       |                |                  |              |                      |            |                 |                    |                     |
|                                       |                |                  |              |                      |            |                 |                    |                     |
|                                       |                |                  |              |                      |            |                 |                    |                     |
|                                       |                |                  |              |                      |            |                 |                    |                     |
| Total DSEs                            |                |                  | 0.00         | Total DSFo           |            |                 | 0.00               |                     |
| Total DSEs                            |                |                  |              | Total DSEs           |            |                 |                    |                     |
| Gross Receipts First                  | d Group        | \$ 2,512         | 2,418.02     | Gross Receipts Sec   | cond Group | \$              | 0.00               |                     |
| Base Rate Fee First                   | Group          | \$               | 0.00         | Base Rate Fee Sec    | ond Group  | \$              | 0.00               |                     |
|                                       | THIRD          | SUBSCRIBER GRO   | UP           |                      | FOURTH     | SUBSCRIBER GROU | JP                 |                     |
| COMMUNITY/ ARE                        | Α              |                  | 0            | COMMUNITY/ ARE       | Α          |                 | 0                  |                     |
| CALL SIGN                             | DSE            | CALL SIGN        | DSE          | CALL SIGN            | DSE        | CALL SIGN       | DSE                |                     |
|                                       |                |                  |              |                      |            |                 |                    |                     |
|                                       | ·····          | H                | ····         | -                    |            |                 |                    |                     |
|                                       | •••••          |                  | ····         |                      |            | •               | ····               |                     |
|                                       |                |                  |              |                      |            |                 |                    |                     |
|                                       |                |                  |              |                      |            |                 |                    |                     |
|                                       | ·····          |                  |              |                      |            |                 | <u></u>            |                     |
|                                       |                | <b>_</b>         |              |                      |            |                 |                    |                     |
|                                       |                | -                | ••••         | -                    |            |                 |                    |                     |
|                                       |                |                  |              |                      |            |                 |                    |                     |
|                                       |                |                  |              |                      |            |                 |                    |                     |
|                                       |                |                  |              |                      |            |                 |                    |                     |
|                                       |                |                  |              |                      |            |                 |                    |                     |
| Total DSEs                            |                |                  | 0.00         | Total DSEs           |            |                 | 0.00               |                     |
| Gross Receipts Third                  | d Group        | \$               | 0.00         | Gross Receipts Fou   | ırth Group | \$              | 0.00               |                     |
|                                       |                |                  |              |                      |            |                 |                    |                     |
| Base Rate Fee Third                   | d Group        | \$               | 0.00         | Base Rate Fee Fou    | irth Group | \$              | 0.00               |                     |
|                                       |                |                  |              | Ш                    |            |                 |                    |                     |
|                                       |                |                  | criber group | as shown in the boxe | s above.   | e               | 0.00               |                     |
| Enter here and in blo                 | DCK 3, line 1, | space L (page /) |              |                      |            | \$              | 0.00               |                     |

| LEGAL NAME OF OWN Pacific Bell Telep |                   |                      |      |  |           | S               | YSTEM ID#<br>63097 | Name                 |
|--------------------------------------|-------------------|----------------------|------|--|-----------|-----------------|--------------------|----------------------|
| E                                    |                   |                      |      | TE FEES FOR EAC                            |           |                 |                    |                      |
| FIFTH SUBSCRIBER GROUP               |                   |                      |      | SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 |           |                 |                    | 9                    |
| COMMUNITY/ AREA                      |                   |                      | 0    |  |           |                 | 0                  | Computation          |
| CALL SIGN                            | DSE               | CALL SIGN            | DSE  | CALL SIGN                                  | DSE       | CALL SIGN       | DSE                | of                   |
|                                      | <u></u>           |                      |      |  |           |                 |                    | Base Rate Fe         |
|                                      |                   |                      |      |  |           |                 |                    | and<br>Syndicated    |
|                                      | ···               |                      | ···· |  |           |                 |                    | Exclusivity          |
|                                      |                   |                      |      |  |           |                 |                    | Surcharge            |
|                                      |                   |                      |      |  |           |                 |                    | for                  |
|                                      | <u></u>           |                      |      |  |           |                 |                    | Partially<br>Distant |
|                                      | ···               |                      | ···· |  |           |                 |                    | Stations             |
|                                      |                   |                      |      |  |           |                 |                    |                      |
|                                      |                   |                      |      |  |           |                 |                    |                      |
|                                      |                   |                      |      |  |           |                 |                    |                      |
|                                      | <del></del>       |                      |      |  |           |                 | ····               |                      |
|                                      |                   |                      |      |  |           |                 |                    |                      |
| 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       |      |  |           | SUBSCRIBER GROU |                    |                      |
| COMMUNITY/ AREA                      |                   |                      | 0    | COMMUNITY/ ARE                             | Α         |                 | 0                  |                      |
| CALL SIGN                            | DSE               | CALL SIGN            | DSE  | CALL SIGN                                  | DSE       | CALL SIGN       | DSE                |                      |
|                                      | <u></u>           |                      |      |  |           |                 |                    |                      |
|                                      | <del></del>       |                      |      |  |           |                 | ····               |                      |
|                                      |                   |                      |      |  |           |                 |                    |                      |
|                                      |                   |                      |      |  |           |                 |                    |                      |
|                                      | <u></u>           |                      |      |  |           | -               |                    |                      |
|                                      | ···               |                      | ···· |  |           |                 |                    |                      |
|                                      |                   |                      |      |  |           |                 |                    |                      |
|                                      |                   |                      |      |  |           |                 |                    |                      |
|                                      | <u></u>           |                      |      |  |           |                 | <u></u>            |                      |
|                                      | ···               |                      |      |  |           | -               |                    |                      |
|                                      |                   |                      |      |  |           |                 |                    |                      |
|                                      |                   |                      |      |  |           |                 |                    |                      |
| Total DSEs                           |                   |                      | 0.00 | Total DSEs                                 |           |                 | 0.00               |                      |
| Gross Receipts Third                 | Group             | \$                   | 0.00 | Gross Receipts Fou                         | rth Group | \$              | 0.00               |                      |
| Base Rate Fee Third                  | Group             | \$                   | 0.00 | Base Rate Fee Fou                          | rth Group | \$              | 0.00               |                      |
|                                      | he <b>base ra</b> | te fees for each sub |      | Base Rate Fee Fou                          | ·         | \$              | 0.00               |                      |

| LEGAL NAME OF OWNI Pacific Bell Telep      |                |                       | •               |                         |                 | S           | YSTEM ID#<br>63097 | Name                     |
|--|----------------|-----------------------|-----------------|-------------------------|-----------------|-------------|--------------------|--------------------------|
| В  |                |                       |                 | TE FEES FOR EACH        |                 |             | ID.                |                          |
| FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  0 |                |                       | COMMUNITY/ AREA | SECOND                  | SUBSCRIBER GROU | JP <b>0</b> | 9                  |                          |
| CALL SIGN                                  |                |                       |                 | CALLSION                | 1               |             | Dec                | Computation of           |
| CALL SIGN                                  | DSE            | CALL SIGN             | DSE             | CALL SIGN               | DSE             | CALL SIGN   | DSE                | Base Rate Fee            |
|  |                |                       |                 |                         |                 |             |                    | and                      |
|  | <u></u>        | -                     |                 |                         |                 | -           |                    | Syndicated               |
|  | <u> </u>       |                       |                 |                         |                 |             |                    | Exclusivity<br>Surcharge |
|  | <u></u>        |                       |                 |                         |                 | -           |                    | for                      |
|  |                |                       |                 |                         |                 |             |                    | Partially                |
|  |                | -                     |                 |                         |                 | -           |                    | Distant                  |
|  |                | -                     |                 |                         |                 |             |                    | Stations                 |
|  |                |                       |                 |                         |                 |             |                    |                          |
|  | <u> </u>       |                       | l               |                         |                 |             |                    |                          |
|  |                |                       |                 |                         |                 |             |                    |                          |
|  | <u></u>        |                       |                 |                         |                 |             |                    |                          |
|  |                |                       |                 |                         |                 |             |                    |                          |
| Total DSEs                                 |                |                       | 0.00            | Total DSEs              |                 |             | 0.00               |                          |
| Gross Receipts First G                     | Group          | \$ 2,512,             | 418.02          | Gross Receipts Secon    | d Group         | \$          | 0.00               |                          |
| Base Rate Fee First G                      | Group          | \$                    | 0.00            | Base Rate Fee Secon     | d Group         | \$          | 0.00               |                          |
|  | THIRD          | SUBSCRIBER GROU       | JP              | FOURTH SUBSCRIBER GROUP |                 |             |                    |                          |
| COMMUNITY/ AREA                            |                |                       | 0               | COMMUNITY/ AREA 0       |                 |             |                    |                          |
| CALL SIGN                                  | DSE            | CALL SIGN             | DSE             | CALL SIGN               | DSE             | CALL SIGN   | DSE                |                          |
|  |                | -                     |                 |                         |                 |             |                    |                          |
|  | <del>.  </del> |                       |                 |                         |                 |             |                    |                          |
|  | <u>-</u>       |                       |                 |                         |                 |             |                    |                          |
|  | <u>"</u>       | -                     |                 |                         |                 |             |                    |                          |
|  |                | -                     |                 |                         |                 |             |                    |                          |
|  | <mark></mark>  |                       |                 |                         |                 |             |                    |                          |
|  | <mark></mark>  |                       | ļ               |                         |                 | -           |                    |                          |
|  |                |                       | ļ               |                         | <b></b>         | -           |                    |                          |
|  |                |                       |                 |                         |                 |             |                    |                          |
|  | <mark></mark>  |                       |                 |                         | ļ               |             |                    |                          |
|  | <mark> </mark> |                       |                 |                         |                 |             | <u> </u>           |                          |
|  |                |                       |                 |                         |                 |             |                    |                          |
| Total DSEs                                 |                |                       | 0.00            | Total DSEs              |                 |             | 0.00               |                          |
| Gross Receipts Third                       | Group          | \$                    | 0.00            | Gross Receipts Fourth   | Group           | \$          | 0.00               |                          |
| Base Rate Fee Third (                      | Group          | \$                    | 0.00            | Base Rate Fee Fourth    | Group           | \$          | 0.00               |                          |
| Base Rate Fee: Add th                      | ne hase rat    | e fees for each subsc | riber group     | as shown in the boxes a | ahove           |             |                    |                          |
| Enter here and in block                    |                |                       | group           |                         |                 | \$          | 0.00               |                          |

| LEGAL NAME OF OWNE Pacific Bell Telepl         |                        |                 | •               |                         |         | S               | STEM ID#<br>63097 | Name                      |
|--|------------------------|-----------------|-----------------|-------------------------|---------|-----------------|-------------------|---------------------------|
| Bl   |                        |                 |                 | TE FEES FOR EACH        |         |                 |                   |                           |
|  | FIFTH SUBSCRIBER GROUP |                 |                 |                         | SIXTH   | SUBSCRIBER GROU |                   | 9                         |
| COMMUNITY/ AREA 0                              |                        |                 | COMMUNITY/ AREA |                         |         | 0               | Computation       |                           |
| CALL SIGN                                      | DSE                    | CALL SIGN       | DSE             | CALL SIGN               | DSE     | CALL SIGN       | DSE               | of                        |
|  |                        |                 |                 |                         |         |                 |                   | Base Rate Fee             |
|  |                        | -               |                 |                         |         |                 |                   | and                       |
|  |                        | -               |                 |                         |         |                 | <u></u>           | Syndicated<br>Exclusivity |
|  | ·                      |                 |                 |                         |         |                 | <del></del>       | Surcharge                 |
|  |                        | -               |                 |                         |         |                 |                   | for                       |
|  |                        |                 |                 |                         |         |                 |                   | Partially                 |
|  |                        | -               |                 |                         |         |                 |                   | Distant                   |
|  |                        | -               |                 |                         |         |                 |                   | Stations                  |
|  |                        |                 |                 |                         |         |                 | <u></u>           |                           |
|  |                        |                 |                 |                         |         | -               |                   |                           |
|  |                        |                 |                 |                         |         |                 |                   |                           |
|  |                        |                 |                 |                         |         |                 |                   |                           |
|  |                        |                 |                 |                         |         |                 |                   |                           |
| Total DSEs                                     |                        |                 | 0.00            | Total DSEs              |         |                 | 0.00              |                           |
| Gross Receipts First G                         | roup                   | \$              | 0.00            | Gross Receipts Second   | d Group | \$              | 0.00              |                           |
| <b>Base Rate Fee</b> First G                   | roup                   | \$              | 0.00            | Base Rate Fee Second    | d Group | \$              | 0.00              |                           |
|  | SEVENTH                | SUBSCRIBER GROU | JP              |                         | EIGHTH  | SUBSCRIBER GROU | IP                |                           |
| COMMUNITY/ AREA                                |                        |                 | 0               | COMMUNITY/ AREA         |         |                 |                   |                           |
| CALL SIGN                                      | DSE                    | CALL SIGN       | DSE             | CALL SIGN               | DSE     | CALL SIGN       | DSE               |                           |
|  |                        |                 |                 |                         |         |                 |                   |                           |
|  | <mark>.</mark>         |                 |                 |                         |         |                 |                   |                           |
|  |                        | -               |                 |                         |         |                 |                   |                           |
|  |                        |                 |                 |                         |         |                 | <u></u>           |                           |
|  |                        |                 |                 |                         |         | -               |                   |                           |
|  |                        |                 |                 |                         |         |                 |                   |                           |
|  |                        | -               |                 |                         |         |                 | <u></u>           |                           |
|  | <mark>.</mark>         |                 | ļ               |                         |         |                 | <mark></mark>     |                           |
|  |                        |                 |                 |                         |         |                 |                   |                           |
|  |                        |                 |                 |                         |         |                 |                   |                           |
|  |                        |                 |                 |                         |         |                 |                   |                           |
|  |                        |                 |                 |                         |         |                 |                   |                           |
| Total DSEs                                     |                        |                 | 0.00            | Total DSEs              |         |                 | 0.00              |                           |
| Total DSEs                                     | _                      |                 | 0.00            | Total DSEs              |         |                 | 0.00              |                           |
| Gross Receipts Third C                         | Froup                  | \$              | 0.00            | Gross Receipts Fourth   | Group   | \$              | 0.00              |                           |
| Base Rate Fee Third G                          | Group                  | \$              | 0.00            | Base Rate Fee Fourth    | Group   | \$              | 0.00              |                           |
| Base Rate Fee: Add the Enter here and in block |                        |                 | riber group     | as shown in the boxes a | above.  | \$              |                   |                           |

ACCOUNTING PERIOD: 2019/1

|   | T   | FORM SA3E. PAGE 20.   |
|---|---|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM: Pacific Bell Telephone Company   | SYSTEM ID#<br>63097   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLU  | ISIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television may by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation of  | ☐ First 50 major television market  | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | for the VHF Grade B contour stations listed in block A, part 9 of for the VHF Grade B contour stations that were classified as ter zero.  of DSEs used to compute the surcharge.  formula outlined in block D, section 3 or 4 of part 7 of this gures applicable to the particular group. You do not need to show |   |
|   | 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 2: Enter the Exempt BSES   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | THIRD SUBSCRIBER GROUP  | FOURTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |   |
|   |   |   |

ACCOUNTING PERIOD: 2019/1

|   |   | FORM SA3E. PAGE 20.  |
|---|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM: Pacific Bell Telephone Company   | SYSTEM ID#<br>63097  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCL   | USIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television may by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation of  | ☐ First 50 major television market  | ☐ Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none et Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts find your actual calculations on this form. | percial VHF Grade B contour stations listed in block A, part 9 of professional prof |
|   | 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page)   | e each subscriber group as shown   |
|   |   |  |