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          |                      |  |  |  |
| 8/27/2019                     | \$ ALLOCATION NUMBER |  |  |  |

Return completed workbook by email to:

coplicsoa@copyright.gov

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

| Α                    | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:   |  |   |                  |  |  |
|----------------------|--|--|---|------------------|--|--|
| Accounting<br>Period | 2019/1   |  |   |                  |  |  |
| B<br>Owner           | Instructions:     Give the full legal name of the owner of the cable system. If the rate title of the subsidiary, not that of the parent corporation     List any other name or names under which the owner conducts If there were different owners during the accounting period, onleasingle statement of account and royalty fee payment covering the Check here if this is the system's first filing. If not, enter the state of the communication of the commu | the business of the cable system<br>by the owner on the last day of the entire accounting period<br>system's ID number assigned by | em the accounting period should s y the Licensing Division. | 006839<br>006839 |  |  |
|                      |  |  |   | 006839 2019/1    |  |  |
|                      | 3015 S SE LOOP 323<br>TYLER, TX 75701  |  |   |                  |  |  |
| С                    | INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing a   |  |   |                  |  |  |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM: GREENWOOD, CITY OF   |  |   |                  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTEM:   |  |   |                  |  |  |
|                      | 2   (Number, street, rural route, apartment, or suite number)   (City, town, state, zip code)  |  |   |                  |  |  |
| D                    | Instructions: For complete space D instructions, see page 1  | b. Identify only the frst comn   | nunity served below and rel                                 | ist on page 1b   |  |  |
| Area                 | with all communities.  |  | •   |                  |  |  |
| Served               | CITY OR TOWN   | STATE  |   |                  |  |  |
| First                | GREENWOOD, CITY OF   | MS   |   |                  |  |  |
| Community            | Below is a sample for reporting communities if you report m  | <u> </u>   |   |                  |  |  |
|                      | CITY OR TOWN (SAMPLE)  | STATE  | CH LINE UP  | SUB GRP#         |  |  |
| Sample               | Alliance   | MD<br>MD   | A<br>B  | 1 2              |  |  |
|                      | Gering   | MD   | В   | 3                |  |  |
|                      | Ociniy   | IND  |   | , ,              |  |  |

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.  |                   |                     |            | -   |  |
|--|-------------------|---------------------|------------|---|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |                   |                     | SYSTEM ID# |   |  |
| CEQUEL COMMUNICATIONS LLC  |                   |                     | 006839     |   |  |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. |                   |                     |            |   |  |
| <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.   | ne parks should b | e reported in pare  | ntheses    |   |  |
| If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).   | e column blank. I | f you report any st | ations     |   |  |
| When reporting the carriage of television broadcast stations on a community-by-commu 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 to  | a subscriber gro  |                     |            |   |  |
| CITY OR TOWN   | STATE             | CH LINE UP          | SUB GRP#   |   |  |
| GREENWOOD, CITY OF   | MS                |                     |            | First                                       |  |
| CARROLL, COUNTY OF   | MS                |                     |            | Community                                   |  |
| INDIANOLA, CITY OF   | MS                |                     |            |   |  |
| LEFLORE, COUNTY OF   | MS                |                     |            |   |  |
| MOORHEAD, CITY OF  | MS                |                     |            |   |  |
| SIDON, TOWN OF<br>SUNFLOWER, COUNTY OF   | MS<br>MS          |                     |            | See instructions for additional information |  |
| SUNFLOWER, COUNTY OF   | IVIO              |                     |            | on alphabetization.                         |  |
|  |                   |                     |            |   |  |
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|  |                   |                     |            | Add rows as necessary.                      |  |
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Name LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
CEQUEL COMMUNICATIONS LLC 006839

### Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BLOCK 1                       |                       |    |       | BLOCK 2                                     |
|-------------------------------|-----------------------|----|-------|---|
| CATEGORY OF SERVICE           | NO. OF<br>SUBSCRIBERS |    | RATE  | NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE |
| Residential:                  |                       |    |       |   |
| Service to first set          | 4,979                 | \$ | 34.99 |   |
| Service to additional set(s)  | 4,922                 |    | 0     |   |
| • FM radio (if separate rate) |                       |    |       |   |
| Motel, hotel                  |                       |    |       |   |
| Commercial                    | 213                   | \$ | 34.99 |   |
| Converter                     |                       |    |       | 10000000000000000000000000000000000000      |
| Residential                   |                       |    |       | 10000000000000000000000000000000000000      |
| Non-residential               |                       |    |       |   |
|                               |                       |    |       | •   |

### F

Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

|                               | BLOCK 2  |                               |          |                          |
|-------------------------------|----------|-------------------------------|----------|--------------------------|
| CATEGORY OF SERVICE           | RATE     | CATEGORY OF SERVICE           | RATE     | CATEGORY OF SERVICE RATE |
| Continuing Services:          |          | Installation: Non-residential |          |                          |
| • Pay cable                   | \$ 19.00 | Motel, hotel                  |          |                          |
| • Pay cable—add'l channel     | \$ 19.00 | Commercial                    |          |                          |
| Fire protection               |          | • Pay cable                   |          |                          |
| •Burglar protection           |          | Pay cable-add'l channel       |          |                          |
| Installation: Residential     |          | Fire protection               |          | •                        |
| First set                     | \$ 99.00 | Burglar protection            |          |                          |
| Additional set(s)             | \$ 25.00 | Other services:               |          |                          |
| • FM radio (if separate rate) |          | Reconnect                     | \$ 40.00 |                          |
| Converter                     |          | Disconnect                    |          |                          |
|                               |          | Outlet relocation             | \$ 25.00 |                          |
|                               |          | Move to new address           | \$ 99.00 |                          |
|                               |          |                               |          |                          |

|  | JED OF CARLE CA  | CTEM.  |  |  | SYSTEM ID#  |                                    |
|--|--|--|--|--|---|------------------------------------|
| CEQUEL COMI  | NER OF CABLE SY<br>MIINICATIO  |  |  |  | 006839  | Namo                               |
|  |  |  |  |  |   |                                    |
| carried by your cable series for rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Subasis under specific FC Do not list the station station was carried. List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licenson which your cable sy Column 3: Indicate educational station, by Grounn 4: If the steplanation of local service Column 5: If you he cable system carried the distant stat For the retransmiss | G, identify ever system during to tions in effect on 3.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular there in space only on a substant also in spanformation concorns the second of the station's call associated with a cast, "E" (for not see the second of the seco | y television standard by television standard  | g period, except 81, permitting the referring to 76.6 paragraph. y distant stations controlled the station was carried tute basis station report origination cording to its own the reported in controlled the station is a network), "N-M" (I educational), ce general instruct 4, you must conaccounting perion accounting p | (1) stations carried carriage of certifice (2) and (4))]; is carried by your one Special Statement of the Special Stateme | es." If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system<br>capacity.<br>y payment because it is the subject  | G Primary Transmitters: Television |
| he cable system and a<br>ion "E" (exempt). For<br>explanation of these the<br><b>Column 6:</b> Give the<br>FCC. For Mexican or 0   | a primary trans<br>simulcasts, also<br>nree categories<br>e location of ea<br>Canadian static  | mitter or an a<br>o enter "E". If<br>, see page (v<br>ch station. Fo<br>ons, if any, giv   | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>e the name of the  | esenting the prima<br>channel on any o<br>instructions locate<br>list the communit<br>the community with   | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.   |                                    |
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| the cable system and ation "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN  WABG-1 WABG-4 WABG-HD1 WHCQ-1 WHCQ-2 WLBT-1 WMAG-1   | a primary trans simulcasts, also ree categories e location of ea Canadian stationg multiple characteristics.  2. B'CAST CHANNEL NUMBER  6  6.2  6  8.2  8  8.2  3  | mitter or an a conter "E". If , see page (v) ch station. For one, if any, givened line-ups,  CHANN  3. TYPE  OF  STATION  N  I-M  I-M  I-M  I-M  N  N  | ssociation 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  No  No  No  No  No  | esenting the prima<br>channel on any o<br>instructions locate<br>list the communit<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE   | ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It to which the station is licensed by the make the which the station is identified. It channel line-up.  6. LOCATION OF STATION  GREENWOOD, MS  GREENWOOD, MS  GREENWOOD, MS  CLEVELAND, MS  CLEVELAND, MS  JACKSON, MS  | additional informatio              |
| the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or ONote: If you are utilizing 1. CALL SIGN  WABG-1  WABG-1  WABG-HD1  WABG-HD2  WHCQ-1  WHCQ-2  WLBT-1  WMAO-HD1   | a primary trans simulcasts, also ree categories e location of ea Canadian static ng multiple char 2. B'CAST CHANNEL NUMBER 6.2 6.2 8.2 8.2 3.  | mitter or an a conter "E". If , see page (v) ch station. Found in see page | ssociation 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  No  No  No  No  No  | esenting the prima<br>channel on any o<br>instructions locate<br>list the communit<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE   | ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It to which the station is licensed by the n which the station is identified. It channel line-up.  6. LOCATION OF STATION  GREENWOOD, MS  GREENWOOD, MS  GREENWOOD, MS  CLEVELAND, MS  CLEVELAND, MS  JACKSON, MS  GREENWOOD, MS  | additional informatio              |
| the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN  WABG-1 WABG-1 WABG-HD1 WABG-HD2 WHCQ-1 WHCQ-2 WLBT-1 WMAO-1 WMAO-1 WMAO-1   | a primary trans simulcasts, also ree categories e location of ea Canadian station multiple characteristics.  2. B'CAST CHANNEL NUMBER  6  6.2  6  6.2  8  8.2  3  23   | mitter or an a conter "E". If , see page (v) ch station. For one, if any, givened line-ups,  CHANN  3. TYPE  OF  STATION  N  I-M  I-M  I-M  N  E  E-M  | ssociation 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  No  No  No  No  No  | esenting the prima<br>channel on any o<br>instructions locate<br>list the communit<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE   | ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It to which the station is licensed by the make the which the station is identified. It channel line-up.  6. LOCATION OF STATION  GREENWOOD, MS  GREENWOOD, MS  GREENWOOD, MS  CLEVELAND, MS  CLEVELAND, MS  JACKSON, MS  GREENWOOD, MS  GREENWOOD, MS  GREENWOOD, MS  CLEVELAND, MS  CLEVELAND, MS  GREENWOOD, MS  | additional informatio              |
| the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN  WABG-1  WABG-1  WABG-HD1  WABG-HD2  WHCQ-1  WHCQ-2  WLBT-1  WMAO-1  WMAO-HD1  WNBD-HD1  | a primary trans simulcasts, also ree categories e location of ea Canadian static ng multiple char 2. B'CAST CHANNEL NUMBER 6.2.6 6.2.8 8.2.3 23 23 23 33   | mitter or an a conter "E". If , see page (v) ch station. For one, if any, givened line-ups,  CHANN 3. TYPE OF STATION N-M I-M I-M I-M I-M N-M I-M I-M N-M I-M N-M I-M N-M I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I  | ssociation 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  No  No  No  No  No  | esenting the prima<br>channel on any o<br>instructions locate<br>list the communit<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE   | ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It to which the station is licensed by the mythich the station is identified. It channel line-up.  6. LOCATION OF STATION  GREENWOOD, MS  GREENWOOD, MS  GREENWOOD, MS  CLEVELAND, MS  CLEVELAND, MS  JACKSON, MS  GREENWOOD, MS  GREENWOOD, MS  GREENWOOD, MS  CLEVELAND, MS  GREENWOOD, MS  GREENWOOD, MS  GREENWOOD, MS  GREENWOOD, MS  GREENWOOD, MS  GREENWOOD, MS                 | additional informatio              |
| tion "E" (exempt). For<br>explanation of these th<br>Column 6: Give the<br>FCC. For Mexican or 0<br>Note: If you are utilizin  | a primary trans simulcasts, also ree categories e location of ea Canadian station multiple characteristics.  2. B'CAST CHANNEL NUMBER  6  6.2  8  8.2  3  23  23  33  33   | mitter or an a conter "E". If , see page (vich station. Forms, if any, givened line-ups, CHANN 3. TYPE OF STATION N I-M I-M I-M N E E-M N-M N-M  | ssociation 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   | esenting the prima<br>channel on any o<br>instructions locate<br>list the communit<br>ne community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE   | ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It to which the station is licensed by the my which the station is identified. It channel line-up.  6. LOCATION OF STATION  GREENWOOD, MS  GREENWOOD, MS  GREENWOOD, MS  CLEVELAND, MS  CLEVELAND, MS  JACKSON, MS  GREENWOOD, MS  GREENWOOD, MS  GREENWOOD, MS  CLEVELAND, MS  GREENWOOD, MS | additional information             |

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006839 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

| FORM SA3E. PAGE 5.  |   |  |   |  |  |  | ACCOUNTING                        | i PERIOD: 2019/1                        |
|---|---|--|---|--|--|--|-----------------------------------|---|
| LEGAL NAME OF OWNER OF  |   |  |   |  |  |  | SYSTEM ID#                        | Name                                    |
| CEQUEL COMMUNICA  | TIONS LI  | _C   |   |  |  |  | 006839                            | Name                                    |
| SUBSTITUTE CARRIAGE   | : SPECIA  | L STATEMEN   | IT AND PROGRAM LOG  | i  |  |  |                                   | ı                                       |
| In General: In space I, identi<br>substitute basis during the ad<br>explanation of the programm   | counting pe   | eriod, under spe   | ecific present and former FC  | C rules, regula  | ations, or a   | uthorization   | s. For a further                  | Substitute                              |
| explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  |   |  |   |  |  |  |                                   | Carriage:                               |
| • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program   |   |  |   |  |  |  |                                   | 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 mι  | ust comple   | te the progi   | ram                               | Frogram Log                             |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | itute prograce, please a of every nor distant statigulations, o tion. Do no ucy" or "NE or was broad sign of the siddcast static adian static th and day re "5/7." es when the Example: a er "R" if the and regulatic ogramming | m on a separa attach additional network televion and that your authorization to use general of the separation of the sep | al pages. ision program (substitute pur cable system substitute s. See page (vi) of the geneategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programs is community to which the community with which the tem carried the substitute purposed by a system from 6:01:  was substituted for programing the accounting period | rogram) that, d for the progeral instructio "basketball". lo." m. station is licenstation is identroprogram. Use cable system. 15 p.m. to 6:2 mming that ye; enter the let | during the ramming ones located List special nsed by the httified). numerals List the time 8:30 p.m. our system ter "P" if the | e accounting of another s in the pape fic program  e FCC or, i , with the m mes accura should be n was requi ie listed pro | tation<br>er<br>n<br>onth<br>tely |   |
| ,   |   | T DDOCDAN  |   |  | EN SUBST   |  | 7. REASON                         |   |
| 1. TITLE OF PROGRAM   | 2. LIVE?  | E PROGRAM  3. STATION'S  |   | 5. MONTH   |  | TIMES  | FOR DELETION                      |   |
|   | Yes or No   | CALL SIGN  | 4. STATION'S LOCATION   | AND DAY  | FROM   | <u> — тс</u>   | )                                 |   |
|   |   |  |   |  | <br>   |  |                                   |   |
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**ACCOUNTING PERIOD: 2019/1** FORM SA3E, PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006839 **CEQUEL COMMUNICATIONS LLC PART-TIME CARRIAGE LOG** J 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-

### Part-Time Carriage

Log

time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

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

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

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

|           |                        | DATES        | AND HOURS ( | OF PART-TIME CAR | RIAGE |             |             |
|-----------|------------------------|--------------|-------------|------------------|-------|-------------|-------------|
| CALL SIGN | WHEN CARRIAGE OCCURRED |              |             | CALL SIGN        | WHEN  | CARRIAGE OC |             |
|           | DATE                   | HOUR<br>FROM | ts<br>TO    |                  | DATE  | FROM        | DURS<br>TO  |
|           |                        | _            |             |                  |       |             | _           |
|           |                        | _            |             |                  |       |             | _           |
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|           |                        | _            |             |                  |       |             | _           |
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|   | AL NAME OF OWNER OF CABLE SYSTEM:  |                 |           | SYSTEM                                 |  | Name  |
|---|--|-----------------|-----------|--|--|---|
| CE  | QUEL COMMUNICATIONS LLC  |                 |           | 0068                                   | 839  | Name  |
| Inst<br>all a<br>(as                        | OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secondentified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  | ondary t        | ransmiss  | sion service                           | 7  | <b>K</b><br>Gross Receipts                                    |
| IMF   | during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.  |                 | (Amount o | <b>1,209,373.04</b> of gross receipts) | ļ.   |   |
| • Cor<br>• Cor<br>• If your fee<br>• If you | YRIGHT ROYALTY FEE uctions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. bur system did not carry any distant television stations, leave block 3 blank. Enter the an from block 1 on line 1 of block 4, and calculate the total royalty fee. bur system did carry any distant television stations, you must complete the applicable participation of the schedule to your statement of account.   |                 |           |  |  | Copyright<br>Royalty Fee                                      |
|   | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.  | e enter         | ed on lin | e 1 of                                 |  |   |
|   | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ elow.  | entered         | on line   | 2 in block                             |  |   |
|   | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.   | uld be          | entered o | on line                                |  |   |
| Block<br>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  |                 |           |  | ı  |   |
|   | Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.   |                 | Ψ         | 1,203,373.04                           | <u>-</u><br>-                                |   |
|   | This is your minimum fee.  | \$              |           | 12,867.73                              | 3  |   |
| Block<br>2                                  | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  X No—Leave block 3 below blank and column time. It is not become a second to the part 8, section 3 or the space of the space | nn 4, yo<br>od? | ou must o | check                                  |  |   |
| Block<br>3                                  | 4, or part 9, block A of the DSE schedule. If none, enter zero   |                 | \$        | -                                      | _  |   |
|   | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero   |                 |           | 0.00                                   | )  |   |
|   | Line 3. Add lines 1 and 2 and enter here   | \$              |           | -                                      |  |   |
| Block                                       | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee  | <u> </u>        |           |  |  |   |
| 4   | 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  | r               | \$        | 12,867.73                              |  | Cable systems<br>submitting<br>additional                     |
|   | zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)  |                 |           | 0.00                                   | _  | deposits under<br>Section 111(d)(7)<br>should contact         |
|   | Line 4. FILING FEE   |                 | \$        | 725.00                                 | <u>)                                    </u> | the Licensing additional fees.  Division for the              |
|   | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here   | \$              |           | 13,592.73                              | 3  | appropriate<br>form for<br>submitting the<br>additional fees. |
|   | EFT Trace # or TRANSACTION ID #  |                 |           |  |  |   |
|   | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (see general instructions located in the paper SA3 form and the Excel instructions to   |                 |           |  |  |   |

| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID# |
|------------------------------------|---|------------|
| Name                               | CEQUEL COMMUNICATIONS LLC   | 006839     |
| M<br>Channels                      | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.   |            |
|                                    | Enter the total number of channels on which the cable system carried television broadcast stations  |            |
|                                    | Enter the total number of activated channels  |            |
|                                    | on which the cable system carried television broadcast stations and nonbroadcast services   |            |
| N<br>Individual to<br>Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)   |            |
| for Further<br>Information         | Name SARAH BOGUE Telephone 903-579-3121   |            |
|                                    | Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)  |            |
|                                    | TYLER, TX 75701 (City, town, state, zip)  |            |
|                                    | Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)  |            |
|                                    | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.   |            |
| O<br>Certifcation                  | • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  |            |
|                                    | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or  |            |
|                                    | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  |            |
|                                    | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.   | em         |
|                                    | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  |            |
|                                    | X /s/ Alan Dannenbaum   |            |
|                                    | Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. |            |
|                                    | Typed or printed name: ALAN DANNENBAUM  |            |
|                                    | Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)   | 300000000  |
|                                    | Date: August 18, 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:  CEQUEL COMMUNICATIONS LLC   | STEM ID# 006839                 | Name  |
|---|---------------------------------|---|
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not includ scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in t paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below | e fol-<br>sic<br>le sub-<br>9." | P Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address Mailing Address  |                                 |   |
| INTEREST ASSESSMENTS  |                                 |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | ment.                           | Q   |
| Line 1 Enter the amount of late payment or underpayment   |                                 | Interest<br>Assessment                                  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   | -                               |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  | days<br>1                       |   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)  | rge)                            |   |
| * 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 further assistance properties the Licensing Division at (202) 707-8150 or licensing@copyright.gov.   | olease                          |   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  |                                 |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the or filing.  | iginal                          |   |
| Owner Address   |                                 |   |
| First community served Accounting period ID number  |                                 |   |

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ACCOUNTING PERIOD: 2019/1

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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

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

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

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

| Independent: its type-value is                                     | 1.00 |
|--|------|
| Network: its type-value is   | 0.25 |
| Noncommercial educational: its type-value is                       | 0.25 |
| Note that 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

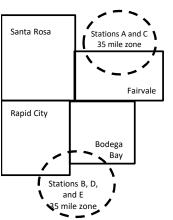
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE**:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

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

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

**ACCOUNTING PERIOD: 2019/1** 

| DSE SCHEDULE. PAG    |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|----------------------|---|------------------|------------------------------|---------------|-------------------------|----------|--|--|--|--|--|--|
| 4                    | LEGAL NAME OF OWNER OF CABL   | E SYSTEM:        |                              |               | SY                      | STEM ID# |  |  |  |  |  |  |
| 1                    | CEQUEL COMMUNICAT   | TONS LLC         |                              |               |                         | 006839   |  |  |  |  |  |  |
|                      | SUM OF DSEs OF CATEGOR  |                  | NC:                          |               |                         |          |  |  |  |  |  |  |
|                      | • Add the DSEs of each station  |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   | ,                |                              |               |                         |          |  |  |  |  |  |  |
| 2                    | Instructions:   | 3:               | U -:E -U -U:-kk -k-k:        |               | U I-H "O" iI F          |          |  |  |  |  |  |  |
| 2                    | In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). |                  |                              |               |                         |          |  |  |  |  |  |  |
| Computation          | In the column headed "DSE"  | : for each indep | endent station, give the DSI | as "1.0": for | each network or noncom- |          |  |  |  |  |  |  |
| of DSEs for          | mercial educational station, give   | e the DSE as "   | 25."                         | - ,           |                         |          |  |  |  |  |  |  |
| Category "O"         |   |                  | CATEGORY "O" STATION         | IS: DSEs      |                         |          |  |  |  |  |  |  |
| Stations             | CALL SIGN   | DSE              | CALL SIGN                    | DSE           | CALL SIGN               | DSE      |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
| Add rows as          |   |                  |                              |               |                         |          |  |  |  |  |  |  |
| necessary.           |   |                  |                              |               |                         |          |  |  |  |  |  |  |
| Remember to copy     |   |                  |                              |               |                         |          |  |  |  |  |  |  |
| all formula into new |   |                  |                              |               |                         |          |  |  |  |  |  |  |
| rows.                |   |                  |                              |               |                         |          |  |  |  |  |  |  |
| 10W3.                |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
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|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
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|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |
|                      |   |                  |                              |               |                         |          |  |  |  |  |  |  |

| Name  |  |   | .c   |   |   |  | s  |   |  |  |  |  |
|---|--|---|--|---|---|--|--|---|--|--|--|--|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 1: Lis Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6           | st the call sign of all dista 2: For each station, give t correspond with the infor 3: For each station, give t 4: Divide the figure in colu t at least to the third decir 5: For each independent s value as ".25." 6: Multiply the figure in co | he number of mation given i he total number umn 2 by the fi mal point. This station, give the following 4 by the                 | hours your cable syste<br>n space J. Calculate o<br>er of hours that the sta<br>igure in column 3, and<br>is the "basis of carriag<br>ie "type-value" as "1.0.<br>figure in column 5, and | m carried the stanly one DSE for of tion broadcast or give the result in ge value" for the some cach network give the result if the some cach network give the result if the some cach network give the result if the stanle in the some cach network give the result if the stanle in the some cach network give the result if the stanle in the | ation during the accounting the station.  yer the air during the accounting the a | ounting period. his figure must ucational station, |   |  |  |  |  |
| Capacity  |  |   |  |   |   |  |  |   |  |  |  |  |
|   | 1. CALL<br>SIGN  | OF HOU<br>CARRIE  | JRS<br>ED BY   | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR  |   |  |  | SE  |  |  |  |  |
|   |  |   | ÷  |   | =   | x  | =  |   |  |  |  |  |
|   |  |   |  |   | <mark></mark>   | x  | <u>=</u>   |   |  |  |  |  |
|   |  | CATEGORY LAC STATIONS: COMPUTATION OF DSES  CARL  2. NUMBER OF HOURS CARRIED BY STATION ON AIR  |  |   |   |  |  |   |  |  |  |  |
|   |  |   |  |   | =   | x  | =  | iod. hust ation, the e paper  6. DSE  lar- ted third     SA3 form). |  |  |  |  |
|   |  |   |  |   |   |  |  |   |  |  |  |  |
|   |  |   |  |   | =   |  |  |   |  |  |  |  |
|   | Add the DSEs   | of each station.  |  | hedule,   | ·   | 0.00   |  |   |  |  |  |  |
| Computation of DSEs for Substitute-Basis Stations                                   | Column 1: Giv  Was carried tions in effetal Broadcast of space I). Column 2: at your option. Column 3: Column 4: | d by your system in substect on October 19, 1976 (one or more live, nonnetwood for each station give the This figure should correct the number of days Divide the figure in columns.  | itution for a pro<br>as shown by to<br>ork programs do<br>number of live<br>spond with the<br>sin the calend<br>on 2 by the figu | ogram that your syster he letter "P" in column luring that optional carre, nonnetwork program information in space I ar year: 365, except in ure in column 3, and gi                      | n was permitted to 7 of space I); an inge (as shown by as carried in substance).  a leap year.  ve the result in comments.  | to delete under FCC rule d r the word "Yes" in column stitution for programs that  | 2 of<br>t were deleted<br>es than the third        | rm).  |  |  |  |  |
|   |  | SU  | BSTITUTE-  | BASIS STATION   | S: COMPUTA  | ATION OF DSEs  | 1  |   |  |  |  |  |
|   | 1. CALL<br>SIGN  | OF  | OF DAY   | rs  |   | OF   | 3. NUMBER<br>OF DAYS<br>IN YEAR                    | 4. DSE  |  |  |  |  |
|   |  |   |  |   |   |  |  |   |  |  |  |  |
|   |  |   | -  | =   |   |  |  |   |  |  |  |  |
|   |  |   |  | =   |   |  |  | =   |  |  |  |  |
|   |  |   |  |   |   | <mark></mark>  | <mark></mark>                                      |   |  |  |  |  |
|   | Add the DSEs   | of each station.  |  |   |   | 0.00   |  |   |  |  |  |  |
| 5   |  |   |  | boxes in parts 2, 3, and  | d 4 of this schedul   | e and add them to provide  | the tota   |   |  |  |  |  |
| Total Number  | 1. Number o  | of DSEs from part 2●  |  |   |   | <b>&gt;</b>  | 0.00   |   |  |  |  |  |
| of DSEs   | 2. Number o  | of DSEs from part 3 ●   |  |   |   | <u> </u>   | 0.00   |   |  |  |  |  |
|   | 3. Number o  | of DSEs from part 4 ●   |  |   |   | <u> </u>   | 0.00   |   |  |  |  |  |
|   | TOTAL NUMBE  | ER OF DSEs  |  |   |   | •  |  | 0.00  |  |  |  |  |

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

| LEGAL NAME OF C                                    |   |  |   |   |   |   | S                     | YSTEM ID#<br>006839 | Name  |
|--|---|--|---|---|---|---|-----------------------|---------------------|---|
| Instructions: Block In block A:  If your answer if |   |  | part 6 and part   | 7 of the DSE sche   | edule blank ar  | nd complete pa  | art 8, (page 16) of   | the                 | 6   |
| schedule. • If your answer if                      | "No," complete blo  | ocks B and C   | below.  |   |   |   |                       |                     |   |
|  |   |  | BLOCK A: 1  | ELEVISION M   | ARKETS  |   |                       |                     | Computation of 3.75 Fee                       |
| —  | 1981?   | schedule—[   | ,   | iller markets as de   |   |   |                       | gulations in        | 3.73166                                       |
|  |   | BLOC   | CK B: CARR  | IAGE OF PERI  | MITTED DS   | Es  |                       |                     |   |
| Column 1:<br>CALL SIGN                             | under FCC rules   | and regulatione DSE Sche   | ons prior to Jui<br>dule. (Note: TI   | part 2, 3, and 4 o<br>ne 25, 1981. For fo<br>ne letter M below r<br>Act of 2010.)         | urther explana  | ation of permitt  | ed stations, see t    | he                  |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE     | (Note the FCC ru<br>A Stations carri<br>76.61(b)(c)]<br>B Specialty stati | ules and reguled pursuant to   | lations cited be to the FCC made in 76.5(kk) (7                                   | usis on which you on<br>elow pertain to the<br>rket quota rules [7<br>76.59(d)(1), 76.61( | ose in effect of<br>76.57, 76.59(b<br>(e)(1), 76.63(a | n June 24, 198<br>o), 76.61(b)(c),<br>a) referring to 7 | 76.63(a) referring    | g tc                |   |
|  | D Grandfathered instructions for E Carried pursua *F A station pre        | d station (76.0<br>or DSE sched<br>ant to individu<br>eviously carrie<br>JHF station w | 65) (see parag<br>lule).<br>ual waiver of F<br>ed on a part-tin<br>rithin grade-B | ne or substitute ba<br>contour, [76.59(d)(  | bstitution of g                                       | randfathered s  |                       | (5)                 |   |
| Column 3:  |   | e stations ide   | ntified by the I  | n parts 2, 3, and 4<br>etter "F" in column  |   |   | vorksheet on pag      | 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 O   | F 3.75 FEE  |   |                       |                     |   |
| Line 1: Enter the                                  | total number of   | DSEs from  | part 5 of this  | schedule  |   |   |                       | _                   |   |
| Line 2: Enter the                                  |   |  |   |   |   |   |                       |                     |   |
| Line 3: Subtract<br>(If zero, I                    |   |  |   | r of DSEs subject.<br>7 of this schedu  |   | rate.   |                       | 0.00                |   |
| Line 4: Enter gro                                  |   |  |   |   |   |   | 0.00                  | 275                 | Do any of the DSEs represent                  |
| Line 5: Multiply I                                 | ine 4 by 0.0375   | and enter su   | ım here   |   |   |   | x 0.03                | 373                 | partially<br>permited/<br>partially           |
| Line 6: Enter tota                                 | al number of DS   | Es from line   | 3   |   |   |   | х                     |                     | nonpermitted<br>carriage?<br>If yes, see part |
| Line o. Line to                                    | a. Hambor of DO   |  | Ü   |   |   |   |                       |                     | 9 instructions.                               |
| Line 7: Multiply I                                 | ine 6 by line 5 aı  | nd enter her   | e and on line   | 2, block 3, space   | e L (page 7)  |   |                       | 0.00                |   |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 006839 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE 3. DSE BASIS SIGN BASIS SIGN SIGN BASIS Computation of 3.75 Fee

| Name  | CEQUEL COMI  |                                |   |                    |            |   |                  |                   | S         | YSTEM ID#:<br>006839 |
|---|--|--------------------------------|---|--------------------|------------|---|------------------|-------------------|-----------|----------------------|
| 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 identifed by the letter "F" in column 2 of part 6 of the DSE schedule  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule  Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. |                                |   |                    |            |   |                  |                   |           |                      |
|   |  |                                |   |                    | ED         | ON A PART-TIME AN   |                  |                   |           |                      |
|   | 1. CALL<br>SIGN  | 2. PRIC                        |   | COUNTING<br>PERIOD |            | 4. BASIS OF<br>CARRIAGE   |                  | RESENT<br>DSE     | 6. P      | ERMITTED<br>DSE      |
|   | CICIT  | DOL                            | · · · · ·   | LITTOD             |            | O/ II (I (I) (OL  |                  | 302               |           | DOL                  |
|   |  |                                |   |                    |            |   |                  |                   |           |                      |
|   |  |                                |   |                    |            |   |                  |                   |           |                      |
|   |  |                                |   |                    |            |   |                  |                   |           |                      |
|   |  |                                |   |                    |            |   |                  |                   |           |                      |
|   |  |                                |   |                    |            |   |                  |                   |           |                      |
|   |  |                                |   |                    |            |   |                  |                   |           |                      |
|   |  |                                |   |                    |            |   |                  |                   |           |                      |
|   |  |                                |   |                    |            |   |                  |                   |           |                      |
| Computation of the Syndicated Exclusivity Surcharge   | If your answer is  | "Yes," comple<br>"No," leave b | ete blocks B and C<br>locks B and C blan<br>BLOC<br>within a top 100 ma | nk and complete    | TE         | art 8 of the DSE sched<br>ELEVISION MARK<br>t as defned by section 7      | ET<br>6.5 of FCC | rules in effect J | lune 24,  | 1981?                |
|   |  |                                |   |                    | <b>—</b> 1 |   | ·                |                   |           |                      |
|   | BLOCK B: C   | arriage of VHI                 | -/Grade B Contou  | r Stations         | 4          | BLOCK   | C: Compu         | itation of Exem   | npt DSE   | 3                    |
|   | Is any station listed in<br>commercial VHF stati<br>or in part, over the ca  | ion that places                |   |                    |            | Was any station listed<br>nity served by the cab<br>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  X No—Enter zero a                                       |                  |                   | ate permi | tted DSE             |
|   | CALL SIGN  | DSE                            | CALL SIGN   | DSE                |            | CALL SIGN   | DSE              | CALL SIG          | SN        | DSE                  |
|   |  | •                              |   |                    |            |   |                  |                   |           |                      |
|   |  |                                |   |                    |            |   |                  |                   |           |                      |
|   |  |                                |   |                    |            |   |                  |                   |           |                      |
|   |  |                                |   |                    |            |   |                  |                   |           |                      |
|   |  |                                | TOTAL DSEs  | 0.00               |            |   |                  | TOTAL DS          | SEs       | 0.00                 |
|   | i  |                                |   |                    | - 11       |   |                  |                   |           |                      |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC   | SYSTEM ID#<br>006839 | Name                     |
|---------------|--|----------------------|--------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |                      |                          |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | 1,209,373.04         | 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.      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.   |                      |                          |
| ob .          | A. Enter 0.00599 of gross receipts (the amount in section 1)   |                      |                          |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)   |                      |                          |
|               | C. Multiply line B by 3.000 and enter here   |                      |                          |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)   |                      |                          |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  |                      |                          |
|               | F. Multiply line D by line E and enter here  |                      |                          |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |                      |                          |
|               | SECTION 4: SECOND 50 TELEVISION MARKET   |                      |                          |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  |                      |                          |
| Section<br>4a | Yes—Complete part 9 of this schedule.   X No—Complete the applicable section below.  |                      |                          |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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                     |                        | ME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID# |  |  |  |  |  |  |  |
|--------------------------|------------------------|---|------------|--|--|--|--|--|--|--|
|                          | (                      | CEQUEL COMMUNICATIONS LLC   | 006839     |  |  |  |  |  |  |  |
| 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               |                        | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$   |            |  |  |  |  |  |  |  |
| Exclusivity<br>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  | <u></u> .  |  |  |  |  |  |  |  |
| 0                        |                        | ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of   | part       |  |  |  |  |  |  |  |
| 8                        |                        | checked "Yes," use the total number of DSEs from part 5.  |            |  |  |  |  |  |  |  |
| Computation              |                        | ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.<br>Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.                                     |            |  |  |  |  |  |  |  |
| of                       | ,                      | ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B b  | elow       |  |  |  |  |  |  |  |
| Base Rate Fee            | blank<br><b>What</b> i | <b>is a partially distant station?</b> 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 "lo  | cal        |  |  |  |  |  |  |  |
|                          | 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) ▶ \$ 1,209,373   | 3.04_      |  |  |  |  |  |  |  |
|                          | Section 2              | Enter the total number of permitted DSEs from block B, part 6 of this schedule.   |            |  |  |  |  |  |  |  |
|                          | _                      | (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶   | 0.00       |  |  |  |  |  |  |  |
|                          | Section                |   |            |  |  |  |  |  |  |  |
|                          | 3                      | If the figure in section 2 is <b>4.000</b> or less, compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. |            |  |  |  |  |  |  |  |
|                          |                        | A. Enter 0.01064 of gross receipts  |            |  |  |  |  |  |  |  |
|                          |                        | (the amount in section 1)   | <u>-</u>   |  |  |  |  |  |  |  |
|                          |                        | 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

|                               | AME OF OWNER OF CABLE SYSTEM:  JEL COMMUNICATIONS LLC  | SYSTEM ID#<br>006839 | Name   |
|-------------------------------|--|----------------------|--|
| Section                       | If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.  |                      |  |
| 4                             | A. Enter 0.01064 of gross receipts  (the amount in section 1)  **State Control of the Indian Control of the In |                      | 8  |
|                               | B. Enter 0.00701 of gross receipts  (the amount in section 1)  |                      | Computation<br>of<br>Base Rate Fee                             |
|                               | C. Multiply line B by 3.000 and enter here   |                      | Dase Nate Fee  |
|                               | D. Enter 0.00330 of gross receipts (the amount in section 1) \$  |                      |  |
|                               | E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here   |                      |  |
|                               | F. Multiply line D by line E and enter here  |                      |  |
|                               | G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee  | 0.00                 |  |
| IMPOR                         | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca  | ast signals shall    |  |
|                               | be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels   |                      | 9  |
| receipts                      | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fees from subscribers located within the station's local service area, from your system's total gross receipts. To take a con, you must:  |                      | Computation of   |
| First: D<br>station<br>DSEs a | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.   | the number of        | Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge |
| NOTE:<br>also co              | If any portion of your cable system is located within the top 100 television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.   |                      | for<br>Partially<br>Distant<br>Stations, and                   |
|                               | Identify a Subscriber Group for Partially Distant Stations   | £:                   | for Partially<br>Permitted                                     |
|                               | For each community served, determine the local service area of each wholly distant and each partially distant state to that community.   | tion you             | Stations   |
| outside                       | For each wholly distant and each partially distant station you carried, determine which of your subscribers were let the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)   |                      |  |
| subscri                       | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.   |                      |  |
| groups                        | ating the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.  | tem's subscriber     |  |
|                               | ry the communities/areas represented by each subscriber group.   |                      |  |
| subscri                       | he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a<br>bers in the group.  | l of the             |  |
| , -                           | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it  | ın parts 2, 3,       |  |
| 2) any                        | f this schedule; or,<br>portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l<br>6 of this schedule.   | olock B,             |  |
| •                             | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |                      |  |
|                               | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.  | instructions         |  |
| page.                         | ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the<br>n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (th<br>or that group's complement of stations and total gross receipts from the subscribers in that group). You do not ne   | at is, the total     |  |

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

actual calculations on the form.

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006839 **CEQUEL COMMUNICATIONS LLC** 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 OWN CEQUEL COMMU                 |                |   |            |                       |           | S                             | 006839 | Name             |
|--|----------------|---|------------|-----------------------|-----------|-------------------------------|--------|------------------|
| E  |                | COMPUTATION OF<br>SUBSCRIBER GROU         |            | TE FEES FOR EAC       |           | RIBER GROUP<br>SUBSCRIBER GRO | UP     | •                |
| COMMUNITY/ AREA                                |                |   | 0          | COMMUNITY/ ARE        | 0         | 9<br>Computation              |        |                  |
| CALL SIGN                                      | DSE            | CALL SIGN                                 | DSE        | CALL SIGN             | DSE       | CALL SIGN                     | DSE    | of               |
|  |                |   |            |                       |           |                               |        | Base Rate Fee    |
|  |                |   |            |                       |           |                               |        | Syndicated       |
|  |                |   |            |                       |           |                               |        | Exclusivity      |
|  |                |   |            |                       |           |                               |        | Surcharge<br>for |
|  |                |   |            |                       |           |                               |        | Partially        |
|  |                |   |            |                       |           |                               |        | Distant          |
|  |                |   |            |                       |           |                               |        | Stations         |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
| Total DSEs                                     |                |   | 0.00       | Total DSEs            |           |                               | 0.00   |                  |
| Gross Receipts First 0                         | Group          | \$  | 0.00       | Gross Receipts Sec    | ond Group | \$                            | 0.00   |                  |
| Base Rate Fee First G                          | Group          | \$  | 0.00       | Base Rate Fee Sec     | ond Group | \$                            | 0.00   |                  |
|  | THIRD          | SUBSCRIBER GROU                           |            |                       |           | SUBSCRIBER GRO                | _      |                  |
| COMMUNITY/ AREA                                |                |   | 0          | COMMUNITY/ ARE        | A         |                               | 0      |                  |
| CALL SIGN                                      | DSE            | CALL SIGN                                 | DSE        | CALL SIGN             | DSE       | CALL SIGN                     | DSE    |                  |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
|  |                |   |            |                       |           |                               |        |                  |
| Total DSEs                                     |                |   | 0.00       | Total DSEs            |           |                               | 0.00   |                  |
| Gross Receipts Third                           | Group          | \$  | 0.00       | Gross Receipts Fou    | rth Group | \$                            | 0.00   |                  |
| Base Rate Fee Third                            | Group          | \$  | 0.00       | Base Rate Fee Fou     | rth Group | \$                            | 0.00   |                  |
|  | h - la         |   |            |                       |           |                               |        |                  |
| Base Rate Fee: Add t<br>Enter here and in bloc | k 3, line 1, s | e rees for each subsc<br>space L (page 7) | nber group | as shown in the boxes | s above.  | \$                            | 0.00   |                  |

| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base I  Sync  Excl  Surce  Pai  Discontinuo de la companya del companya del companya de la companya   |                         | 00:1: |                   | B 4 5 = = | TE EEE                    |           | UDED 65.:-        | +    |                        |
|--|-------------------------|-------|-------------------|-----------|---------------------------|-----------|-------------------|------|------------------------|
| CALL SIGN   DSE   CALL SIGN  | BL                      |       |                   |           | TE FEES FOR EAC           |           |                   | UP   |                        |
| CALL SIGN   DSE  | COMMUNITY/ AREA         |       | 303001113211 0110 |           | COMMUNITY/ AREA           |           | 002001112211 0110 |      | 9                      |
| Base II  Otal DSEs  Ot   |                         |       |                   |           |                           |           |                   |      | Computat               |
|  | CALL SIGN               | DSE   | CALL SIGN         | DSE       | CALL SIGN                 | DSE       | CALL SIGN         | DSE  | of                     |
| Symt   Sext  |                         |       | -                 |           |                           |           |                   |      | Base Rate              |
| Cotal DSEs  Outling DSEs  Outl   |                         |       |                   |           |                           |           |                   |      | and                    |
| Third Subscriber Group  Tounth Subscri   |                         |       |                   |           |                           |           |                   |      | Syndicate<br>Exclusivi |
| Part Discoss Receipts First Group \$ 0.00   Total DSEs   0.00   Stass Receipts First Group \$ 0.00   Sass Receipts First Group \$ 0.00   Sass Rate Fee Second Group \$ 0.00   Sass |                         |       |                   |           |                           |           |                   |      | Surcharg               |
| otal DSEs  |                         |       |                   |           |                           |           |                   |      | for                    |
| State DSEs  John DSE  John   |                         |       |                   |           |                           |           |                   |      | Partially              |
| Datal DSEs  Joan DSE DAIL SIGN DSE DAIL SIGN DSE DAIL SIGN DSE  Joan DSE DAIL SIGN DSE DAIL   |                         |       |                   |           |                           |           |                   |      | Distant                |
| S 0.00  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  |                         |       |                   |           |                           |           |                   |      | Stations               |
| THIRD SUBSCRIBER GROUP  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  |                         |       |                   |           |                           |           |                   |      |                        |
| ross Receipts First Group  s 0.00  Base Rate Fee Second Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CAL   |                         |       |                   |           |                           |           |                   |      |                        |
| ross Receipts First Group  s 0.00  Base Rate Fee Second Group  THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CA   |                         |       |                   |           |                           |           |                   |      |                        |
| Gross Receipts First Group  S  |                         |       |                   |           |                           |           |                   |      |                        |
| Siross Receipts First Group  Siross Receipts Second Group  Siross Receipts Fourth Group  |                         |       |                   |           |                           |           |                   |      |                        |
| Siross Receipts First Group  Siross Receipts Second Group  Siross Receipts Fourth Group  |                         |       |                   |           |                           |           | 1                 |      |                        |
| Asse Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SI   | otal DSEs               |       |                   | 0.00      | Total DSEs                |           |                   | 0.00 |                        |
| THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA   CALL SIGN  DSE  CALL   | ross Receipts First Gr  | oup   | \$                | 0.00      | Gross Receipts Sec        | ond Group | \$                | 0.00 |                        |
| THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA   O  CALL SIGN  DSE  C   |                         |       |                   |           |                           |           |                   |      |                        |
| THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA   CALL SIGN  DSE  CALL   | ase Rate Fee First Gr   | nun   | ¢                 | 0.00      | Base Rate Fee Sec         | and Group | •                 | 0.00 |                        |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  TOTAL DSES  TOTAL D   | ado riato i do i not di |       | Ψ                 | 0.00      | <b>2400 Maio 1 00</b> 000 | ond Oroup | Ψ                 | 0.00 |                        |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN   |                         | THIRD | SUBSCRIBER GROL   | JP        |                           | FOURTH    | SUBSCRIBER GRO    | UP   |                        |
| otal DSEs O.00 Total DSEs O.00 Gross Receipts Third Group \$ 0.00  | OMMUNITY/ AREA          |       |                   | 0         | COMMUNITY/ ARE            | 4         |                   | 0    |                        |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   | CALL SIGN               | DSE   | CALL SIGN         | DSE       | CALL SIGN                 | DSE       | CALL SIGN         | DSE  |                        |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                         |       |                   |           |                           |           |                   |      |                        |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                         |       |                   |           |                           |           |                   |      |                        |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                         |       |                   |           |                           |           |                   |      |                        |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                         |       |                   |           |                           |           |                   |      |                        |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                         |       |                   |           |                           |           |                   |      |                        |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                         |       |                   |           |                           |           |                   |      |                        |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                         |       |                   |           |                           |           |                   |      |                        |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                         |       |                   |           |                           |           | <b>-</b>          |      |                        |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                         |       |                   |           |                           |           |                   |      |                        |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                         |       |                   |           |                           |           |                   |      |                        |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                         |       |                   |           |                           |           |                   |      |                        |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                         |       |                   |           |                           |           |                   |      |                        |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                         |       |                   |           |                           |           |                   |      |                        |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                         |       |                   |           |                           |           |                   |      |                        |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  | otal DSEs               |       |                   | 0.00      | Total DSEs                |           |                   | 0.00 |                        |
|  |                         |       |                   |           |                           | -th- O    |                   |      |                        |
| ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  | ross Receipts Third G   | oup   | <b>3</b>          | 0.00      | Gross Receipts Fou        | ın Group  | *                 | 0.00 |                        |
| ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  |                         |       |                   |           |                           |           |                   |      |                        |
|  | Base Rate Fee Third G   | oup   | \$                | 0.00      | Base Rate Fee Four        | th Group  | \$                | 0.00 |                        |
|  |                         |       |                   |           | 11                        |           | -                 |      |                        |
|  |                         |       |                   |           | Ш                         |           |                   |      |                        |

ACCOUNTING PERIOD: 2019/1

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CEQUEL COMMUNICATIONS LLC 006839 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown