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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2019/1								
Period									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi a single statement of account and royalty fee payment covering the entire accounting perioa Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	CABLE ONE, INC.								
				00741520191					
				007415 2019/1					
				2010/1					
	210 E. EARLL DRIVE								
	PHOENIX, AZ 85012-2626								
	FIIOLNIX, AZ 03012-2020								
С	INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of								
		the system, ii diii	erent from the address give	—————————————————————————————————————					
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2600 DAVIS BLVD. 2 (Number, street, rural route, apartment, or suite number)								
	JOPLIN, MO 64804								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	munity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	JOPLIN	МО							
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
	Alliance	MD	В	2					
	Gering	MD	В	3					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
CABLE ONE, INC.			007415							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form										
of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses										
below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).										
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.										
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-						
JOPLIN	MO			First						
CARTERVILLE	MO			Community						
CLIFF VILLAGE	MO									
DENNIS ACRES	MO									
LEAWOOD	MO									
REDINGS MILL	MO			See instructions for						
SAGINAW	MO			additional information						
SHOAL CREEK DRIVE	MO			on alphabetization.						
WEBB CITY	MO									
BAXTER SPRINGS	KS									
				Add rows as passessant						
				Add rows as necessary.						

1	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007415

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

OCK 1		BLOCK 2			
NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
4,921	\$ 40.00	RESIDENTIAL APTS	95	25.00-43.00	
		NURSING HOMES	112	12.00-21.00	
		DORMS	310	\$ 13.00	
4	7.50-15.00	HOSPITALS	739	7.50-20.00	
447	35.00-72.00				
				Ī	
	NO. OF SUBSCRIBERS 4,921 4 4 447	NO. OF SUBSCRIBERS RATE 4,921 \$ 40.00 4 7.50-15.00 447 35.00-72.00	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 4,921 \$ 40.00 RESIDENTIAL APTS NURSING HOMES DORMS 4 7.50-15.00 HOSPITALS	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	15.00-17.00	Motel, hotel		TIER	\$ 40.00
 Pay cable—add'l channel 	15.00-17.00	Commercial	50.00-200.00		
Fire protection		Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	30.00-90.00	Burglar protection			
 Additional set(s) 	\$ 60.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$ 60.00		
Converter		Disconnect			
		Outlet relocation	30.00-60.00		
		Move to new address	\$ 30.00		

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	<u> </u>
CABLE ONE, IN					007415	Nama
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S	system during to ions in effect of 6.61(e)(2) and (sis, as explaine stations: With	he accounting n June 24, 19 (4), or 76.63 (ed in the next respect to any	g period, except 81, permitting th referring to 76.6 paragraph. y distant stations	t (1) stations carrione carrione carriage of certion (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you ha cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se explanation of these th Column 6: Give the	here in space only on a subs and also in spa formation concern. The station's call associated with the second case of the secon	G—but do listitute basis. ace I, if the state that it is sign. Do not the station active act	ation was carried tute basis station report origination cording to its over the reported in the sassigned to annel 4 in Wash tation is a network), "N-M" (all educational), of egeneral instructive area, (i.e. "or general instruction accounting period ause of lack of a general instruction and the second area or u.s. stations, we the name of the general or u.s. stations, we the name of the said and the said and the said area.	d both on a substins, see page (v) on program service rer-the-air designate column 1 (list each the television statinington, D.C. This park station, an indefor network multipor "E-M" (for nonections located in the television statins of the television of the televi	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KCLJ-LP	30	ı	No		JOPLIN, MO	
KFJX	13	I	No		PITTSBURG, KS	See instructions for
KGCS-LP	22	E	No		JOPLIN, MO	additional information on alphabetization.
KJPX-LP	47	I	No		JOPLIN, MO	
KOAM	7	N	No		PITTSBURG, KS	
KODE	43	N	No		JOPLIN, MO	. . .
KOZJ	25	E	No		JOPLIN, MO	
KSNF	46	N	No		JOPLIN, MO	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007415		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute program basis stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an							
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary transi simulcasts, also nree categories, e location of ea Canadian statio	mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ssociation repre you carried the of the general in the U.S. stations, e the name of the	senting the primar channel on any ot instructions locate list the community ne community with	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the which the station is identifed.		
		CHANN	EL LINE-UP	AB			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007415		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as swcTRA-2'. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational station, by							
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AC			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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				••••••			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007415	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consistence of	ne accounting n June 24, 194, or 76.63 (r d in the next respect to any attions, or auth G—but do lis titute basis. ace I, if the sta erning substit sign. Do not real a station accestreams must	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its over be reported in our	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	e in each case we rentering the le cast), "E" (for no ese terms, see lation is outside ce area, see parave entered "You he distant staticion on a part-tiricion of a distant at entered into or a primary trans simulcasts, also ree categories e location of ea Canadian statio	whether the stater "N" (for no commercial page (v) of the the local servage (v) of the es" in column on during the sme basis becamulticast streen or before Jumitter or an accenter "E". If a see page (v) ch station. Fons, if any, giv	etwork), "N-M" (I educational), of a general instruct vice area, (i.e. "congeneral instruct and the search of the search of the search of the search of the general in the search of the search of the search of the general in the search of the searc	for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, and. Indicate by en- ictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If the town of the station is licensed by the match which the station is identified.	
		CHANN	EL LINE-UP	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

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FORM SA3E. PAGE 3.						T	
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007415	rano	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column I (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational in so outside							
Note: If you are utilizing	ig multiple char	inel line-ups,	use a separate	space G for each	channel line-up.		
	ı	CHANN	EL LINE-UP	AE			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	l						

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007415		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and							
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary transi simulcasts, also nree categories e location of ea Canadian statio	mitter or an as benter "E". If see page (v) ch station. Fo ns, if any, givenel line-ups,	ssociation repre you carried the of the general in r U.S. stations, the the name of the use a separate	senting the primar channel on any ot instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the n which the station is identifed.		
	1	CHANN	EL LINE-UP	AF			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE (If Distant)			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007415	
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Substitute Basis Substitute Basis 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 each multicast stream	ERS: TELEVISION Consists as explaine Stations: With the CC rules, regular here in space only on a substand also in spanformation concorn.	y television stane accounting and June 24, 1964, or 76.63 (from din the next prespect to any attions, or auth G—but do list titute basis. Ince I, if the state erning substitute isign. Do not reason account of the state of the	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried ute basis station eport origination cording to its over	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of the Special Statement of both on a substitutions, see page (v) on program services er-the-air designar	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example	G Primary Transmitters: Television
WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing						
		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007415	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as swETA-2'. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 'N' (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educations) or "E-M" (for noncommercial educational education) a						
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, givennel line-ups,	of the general in the stations, the the name of the	instructions locate list the community ne community with space G for each	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
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1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
CICIT	NUMBER	STATION	(103 01 110)	(If Distant)		
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name		
CABLE ONE, II	NC.				007415	Name		
PRIMARY TRANSMITTERS: TELEVISION								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream penartely; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for retwork), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multi								
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the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	a primary trans simulcasts, also nree categories e location of ea	mitter or an a o enter "E". If , see page (v) ch station. Fo	ssociation repre you carried the of the general in tr U.S. stations,	senting the primar channel on any ot instructions locate list the community	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the			
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	which the station is identifed. channel line-up.			
	1	CHANN	EL LINE-UP	Al				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
								
	<u></u>	<u> </u>						

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007415	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: *Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. *List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast). "I' (for independent), "I-M" (for in						
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary transi simulcasts, also nree categories, e location of ea Canadian statio	mitter or an as benter "E". If , see page (v) ch station. Fo ns, if any, givenel line-ups,	ssociation repre you carried the of the general in r U.S. stations, the the name of the use a separate	esenting the primar channel on any ot instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the which the station is identifed.	
	1	CHANN	EL LINE-UP	AJ		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NOMBLIX	STATION		(II Distant)		
						
						
						
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FORM SA3E. PAGE 3.						1	
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007415	Hamo	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,59(d)(2) and (4),76,59(d)(2) and (4),76,56 (referring to 76,61(e)(2) and (4))], and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independen							
Note: If you are utilizin	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AK			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007415		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational autication, by entering the letter "N" (for network), "N-M" (for noncommercial educational)," I-M" (for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational). For the meaning of							
Note: If you are utilizing	ig multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
	1	CHANN	EL LINE-UP	AL			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007415		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: *Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. *List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. *Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). *Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. *Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "T" (for indepe							
	Canadian statio	ns, if any, given nnel line-ups,	e the name of thuse a separate	ne community with space G for each	which the station is identifed.		
			EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
SIGN	NUMBER	STATION	(Yes or No)	(If Distant)			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007415	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast						
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, given nnel line-ups,	of the general in the state of the name of the name of the tree of	instructions locate list the community ne community with space G for each	d in the paper SA3 form. I to which the station is licensed by the which the station is identifed.	
	o DIOAOT				a LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	((If Distant)		

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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	IC.				007415			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast),								
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.								
Note: If you are utilizing	g multiple chai	•	EL LINE-UP	•	спаппетппе-ир.			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)				

FORM SA3E. PAGE 3.						,	
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007415		
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for inde							
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE					OVOTEM ID#	
	OWNER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE	i, INC.				007415	
PRIMARY TRANSM	ITTERS: TELEVISIO	ON				
carried by your cat FCC rules and regi 76.59(d)(2) and (4) substitute program Substitute Bas basis under specific • Do not list the station was carr • List the station he basis. For furthe in the paper SA Column 1: List each multicast stree	ole system during to ulations in effect on the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of t	he accounting a June 24, 1964), or 76.63 (red in the next prespect to any ations, or auth G—but do list itute basis. ace I, if the staterning substitute sign. Do not red a station acc	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried ute basis station eport origination cording to its over	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your cone Special Statement of both on a substitutions, see page (v) on program service er-the-air designal	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the stute basis and also on some other af the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- a stream separately; for example	G Primary Transmitters: Television
its community of lic on which your cabl Column 3: Indiceducational station (for independent meaning of Column 4: If the planation of local s Column 5: If you cable system carried carried the distant For the retransmont a written agreem the cable system a tion "E" (exempt). If explanation of thes Column 6: Give	ense. For example e system carried the cate in each case way, by entering the leulticast), "E" (for not these terms, see e station is outside ervice area, see pay have entered "You have entered "You have entered "You have entered into on a part-time insision of a distant the entered into ond a primary transfor simulcasts, also the location of each et he location et	e, WRC is Chane station. whether the station. whether the station is the station is the station in the station is the station. For example, is the station is the station.	annel 4 in Wash ation is a network), "N-M" (I educational), of a general instructive area, (i.e. "or general instructive area of lack of a cacounting period accounting the second	ington, D.C. This ark station, an indefor network multic or "E-M" (for noncotions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entictivated channel of subject to a royalty stween a cable systematic thannel on any of instructions locate list the community	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
Note: If you are uti	lizing multiple char	•	use a separate	•	channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007415	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for inde						
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary transi simulcasts, also nree categories e location of ea Canadian statio	mitter or an as benter "E". If see page (v) ch station. Fo ns, if any, givenel line-ups,	ssociation repre you carried the of the general i r U.S. stations, e the name of th	esenting the primar channel on any ot instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the n which the station is identifed.	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGIV	NUMBER	STATION	(163 01 140)	(If Distant)		
	•					
				•		
						
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OV		YSTEM:			SYSTEM ID#	Name
CABLE ONE,	INC.				007415	
PRIMARY TRANSMIT	TERS: TELEVISION	ON				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), substitute Basis basis under specific Po not list the station was carrie List the station was carrie List the station here basis. For further in the paper SA3 Column 1: List each multicast stream as "WETA-simulcast). Column 2: Give t its community of lice on which your cable Column 3: Indica educational station, It (for independent mul For the meaning of the Column 5: If you cable system carried the distant stream as "Golumn 5: If you cable system carried the distant stream are the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give to	e G, identify ever a system during the ations in effect or 76.61(e)(2) and (asis, as explaine Stations: With a CC rules, regular on here in space of only on a subset, and also in spainformation conform. The ach station's call on a sasociated with a carried with a carried the channel numbers. For example, system carried the in each case to be entered to ye entering the letticast), "E" (for not esse terms, see station is outside vice area, see picture area, s	y television st he accounting in June 24, 194, or 76.63 (i 4), or 76.63 (i 4), or 76.63 (i respect to any ations, or auth G—but do lis- titute basis. ace I, if the sta- terning substiff sign. Do not r h a station acc streams must beer the FCC h e, WRC is Cha- ne station. whether the stater "N" (for no oncommercial page (v) of the ter "N" (for no oncommercial page (v) of the the local servage (v) of the es" in column on during the ame basis becan multicast stream or before Ju mitter or an a- onenter "E". If , see page (v) ch station. Fo	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: at it in space I (the stion was carried the basis station to the period of the reported in the stion is a network of the stion is a network of the stion is a network of the stional, of the general instruct 4, you must correct ause of lack of a sam that is not some 30, 2009, be sesociation repreyou carried the of the general in truct of the general in the stip of the stip	(1) stations carried ec carriage of cert 1(e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designation of the television statistical program of the television of the television society of the television society of the television of television of the tel	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utiliz	ing multiple chai	•	•	•	спаппетппе-ир.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				•		

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	NC.				007415			
PRIMARY TRANSMITTE	ERS: TELEVISIO	N						
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,58](d)(2) and (4), 76,61(e)(2) and (4), or 76,63 (referring to 76,61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering t								
		CHANN	EL LINE-UP	AI				
1. CALL		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				
		0 11 11 11 11		(2.5.6)				
	• • • • • • • • • • • • • • • • • • • •							
	•••••							

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	NC.				007415			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast),								
· · · · · · · · · · · · · · · · · · ·								
	a DIO40T		EL LINE-UP					
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
CICIT	NUMBER	STATION	(103 01 110)	(If Distant)				
	•							

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name			
CABLE ONE, IN	NC.				007415				
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space of carried by your cable's FCC rules and regulath 76.59(d)(2) and (4), 76 substitute program bass Substitute Basis Substitute Pasis Pa	G, identify even by stem during the consistency of	y television street accounting in June 24, 194, or 76.63 (rd d in the next prespect to any litions, or auth G—but do list litute basis. In the street is gign. Do not represent a station accepted by the street is street in a station accepted by the street is street in the street is street in the	period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: a tit in space I (the station was carried ute basis station cording to its own be reported in the station is a network), "N-M" (I educational), of egeneral instructions.	(1) stations carried to carriage of certariage of the television statistington, D.C. This ork station, an indefor network multic or "E-M" (for noncertions located in the certariage of the television of the tele		G Primary Transmitters: Television			
Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the									
FCC. For Mexican or (Note: If you are utilizing)				•	which the station is identifed.				
Note: If you are utilizing	ig manipic chai		•	•	charmer inte-up.				
			EL LINE-UP	AV					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

ABLE SYSTEM:				Name			
			007415	- Tunio			
EVISION							
RIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent							
le channel line-ups,	use a separate	space G for each	channel line-up.				
CHANN	EL LINE-UP	AW					
NNEL OF	(Yes or No)	CARRIAGE (If Distant)	D. LOCATION OF STATION				
TOUR ON THE PROPERTY OF THE PR	every television starring the accounting fect on June 24, 19 and (4), or 76.63 (plained in the next With respect to any regulations, or authorace G—but do lise a substitute basis. In space I, if the standard concerning substitute basis are concerning substitute basis. In space I, if the standard concerning substitute basis are concerning substitute basis. In space I, if the standard concerning substitute basis of concerning substitute basis of the with a station and allocast streams must be concerned to the station. In the station case whether the station case whether the station concommercial and the local services are page (v) of the red "Yes" in column the station during the part-time basis becaused the station during the part-time basis becaused the station of the part-time basis becaused the part-time basis be	every television station (including uring the accounting period, except fect on June 24, 1981, permitting the and (4), or 76.63 (referring to 76.6 plained in the next paragraph. With respect to any distant stations regulations, or authorizations: space G—but do list it in space I (the asubstitute basis. in space I, if the station was carried in concerning substitute basis station ded with a station according to its ovalicast streams must be reported in or all number the FCC has assigned to example, WRC is Channel 4 in Washmied the station. case whether the station is a network the letter "N" (for network), "N-M" ((for noncommercial educational), or a, see page (v) of the general instructived "Yes" in column 4, you must continuated the local service area, (i.e. "Go station during the accounting perior action during the accounting perior part-time basis because of lack of a distant multicast stream that is not so into on or before June 30, 2009, but transmitter or an association reprets, also enter "E". If you carried the gories, see page (v) of the general instruction of the station. For U.S. stations, stations, if any, give the name of the channel line-ups, use a separate CHANNEL LINE-UP	every television station (including translator stations aring the accounting period, except (1) stations carriefect on June 24, 1981, permitting the carriage of cert and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; a plained in the next paragraph. With respect to any distant stations carried by your or regulations, or authorizations: space G—but do list it in space I (the Special Statement aubstitute basis. In space I, if the station was carried both on a substitute basis. In space I, if the station was carried both on a substitute occurring substitute basis stations, see page (v) of the station according to its over-the-air designational streams must be reported in column 1 (list each authorized streams must be reported in column 1 (list each authorized streams must be reported in column 1. In the letter "N" (for network), "N-M" (for network multicated the station). Case whether the station is a network station, an independent of the station. Case whether the station is a network station, an independent of the station of the general instructions located in the station of the general instructions located in the station during the accounting period. Indicate by enthe part-time basis because of lack of activated channel of the station during the accounting period. Indicate by enthe part-time basis because of lack of activated channel distant multicast stream that is not subject to a royalty into on or before June 30, 2009, between a cable system of the station. For U.S. stations, list the community stations, if any, give the name of the community with the channel line-ups, use a separate space G for each channel line-ups, use a separate space G for each channel line-ups, use a separate space G for each channel line-ups, use a separate space G for each channel line-ups, use a separate space G for each channel line-ups, use a separate space G for each channel line-ups, use a separate space G for each channel line-ups, use a separate space G for each channel line-ups, use a separate space G for each chann	EVISION If every television station (including translator stations and low power television stations) uring the accounting period, except (1) stations carried only on a part-time basis under fect on June 24, 1981, permitting the carriage of certain network programs [sections and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a plained in the next paragraph. With respect to any distant stations carried by your cable system on a substitute program regulations, or authorizations: space G—but do list it in space I (the Special Statement and Program Log)—if the a substitute basis. in space I, if the station was carried both on a substitute basis and also on some other in concerning substitute basis stations, see page (v) of the general instructions located is call sign. Do not report origination program services such as HBO, ESPN, etc. Identify end with a station according to its over-the-air designation. For example, report multi- all number the FCC has assigned to the television station for broadcasting over-the-air in tample, WRC is Channel 4 in Washington, D.C. This may be different from the channel rried the station. case whether the station is a network station, an independent station, or a noncommercial the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for network multicast), in see page (v) of the general instructions located in the paper SA3 form. case page (v) of the general instructions located in the paper SA3 form. red "Yes" in column 4, you must complete column 5, stating the basis on which your to station during the accounting period. Indicate by entering "LAC" if your cable system part-time basis because of lack of activated channel capacity. distant multicast stream that is not subject to a royalty payment because it is the subject into on or before June 30, 2009, between a cable system or an association representing transmitter or an association representing transmitter or an association representing transmitt			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007415 CABLE ONE. INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2019/1		
CABLE ONE, INC.	CABLE SYST	EM:					SYSTEM ID# 007415	Name		
SUBSTITUTE CARRIAGE					n that your	cable evet	em carried on a	I		
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.										
1. SPECIAL STATEMENT				general mou	uotiono loc	ated in the	paper one form.	Substitute Carriage: Special		
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	'Yes," you mu	ust comple			Program Log		
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.										
S	SUBSTITUT	E PROGRAM	1		EN SUBST		7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES	FOR DELETION			
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007415

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

		DAT	ΓES	AND HOURS	OF F	PART-TIME CAF	RRIAGE			
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN CARRIAGE OCCURRED				
OALL GIGIT	DATE	FROM	OUR	S TO		O/ LE GIGIT	DATE	FROM	IOUR	S TO
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LEGA	SA3E. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC.		SYSTEM ID# 007415	Name						
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see										
	page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)									
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.										
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.									
3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho									
2 in	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	e are required to page is 1.064 percent	ay at							
	Line 1. Effect the amount of gross receipts from space R Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.	\$	13,524.01							
Block 2	Block DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in									
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$								
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00							
	Line 3. Add lines 1 and 2 and enter here	\$	-							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE : Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	13,524.01	Cable systems						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.		0.00	submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact						
	Line 4. FILING FEE	<u>\$</u>	725.00	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	\$	14,249.01	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the		additional 1665.						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007415							
M 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. 1. Enter the total number of channels on which the cable system carried television broadcast stations							
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services							
N Individual to								
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364-6195							
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626							
	(City, town, state, zip) Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.							
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) [(Owner other than corporation or partnership) am the owner of the cable system as identified 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. 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/ Raymond Storck							
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the 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: RAYMOND STORCK							
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)							
	Date: August 28, 2019							

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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
CABLE ONE, INC. 007415	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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

ACCOUNTING PERIOD: 2019/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

ACCOUNTING PERIOD: 2019/1

DSE SCHEDULE. PAGE 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007415									
1										
	SUM OF DSEs OF CATEGORY "O" STATIONS:									
	Add the DSEs of each station									
	Enter the sum here and in line		0.00							
	Instructions									
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
	of space G (page 3).									
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-									
of DSEs for	mercial educational station, give the DSE as ".25."									
Category "O" Stations	CALL SIGN	DOE	CATEGORY "O" STATION CALL SIGN		CALL SIGN	DCE				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										

Name	CABLE ONE	, INC.					S	007415
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	at the call sign of all distates: For each station, give to correspond with the information: For each station, give to include the figure in column at least to the third decirition.	he number of himation given in he total number umn 2 by the fig mal point. This i station, give the solumn 4 by the fighting the station.	ours your cable syste space J. Calculate or of hours that the stature in column 3, and is the "basis of carriage "type-value" as "1.0." igure in column 5, and	m carried the stanly one DSE for etion broadcast over give the result in ge value" for the standard result in the re	ution during the accounting the station. ver the air during the accounting the a	counting period. This figure must ucational station,	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		SE
						x		
						X		
			÷		=	<u>x</u>	=	
			÷		=	x	=	
						X	=	
			÷	:	=	x	=	
	Add the DSEs of	OF CATEGORY LAC Sof each station. m here and in line 2 of p		edule,		0.00	o o	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	e the call sign of each st- by your system in subst- ct on October 19, 1976 (ne or more live, nonnetw For each station give the This figure should corresenter the number of days Divide the figure in colum This is the station's DSE	itution for a pro- as shown by the ork programs du number of live, spond with the i s in the calenda nn 2 by the figur	gram that your systen e letter "P" in column ring that optional carr nonnetwork program nformation in space I. r year: 365, except in e in column 3, and gi	n was permitted to a space 1); and a space 1); and a space 1); and a space 1); and a space 2 s	to delete under FCC ruled to the word "Yes" in column stitution for programs that the word "A. Round to no le-	2 of t were deleted ss than the third	rm).
		SU	BSTITUTE-E	BASIS STATION	S: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		4		=			÷ -	=
		-		=			÷	=
		-	-	=			÷	=
		-	-	=			÷ ÷	=
	Add the DSEs of	OF SUBSTITUTE-BAS	IS STATIONS:	edule,		0.00	ס	
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the arms applicable to your system DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		poxes in parts 2, 3, and	I 4 of this schedul	e and add them to provid	0.00 0.00 0.00	
	TOTAL NUMBE	R OF DSEs					•	0.00

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

CABLE ONE, I		SYSTEM:					S	YSTEM ID#	Name
								007415	
Instructions: Block A:									•
 If your answer if schedule. 			•	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			ELEVISION M	ARKETS				Computation of
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24,		schedule—[OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
	olete blocks B and								
		BLOG	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1:	List the call signs			part 2, 3, and 4 o			tem was permitte	d to carry	
CALL SIGN		ne DSE Sche	dule. (Note: TI	ne 25, 1981. For for the letter M below r Act of 2010.)	•	•			
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	sis on which you o elow pertain to tho rket quota rules [7	se in effect o	n June 24, 198		j tc	
O/WWW.	B Specialty static C Noncommeric D Grandfathered	al educational at attached	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981								
	G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5) M Retransmission of a distant multicast stream.								
Column 3:	Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)								
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule				_	
Line 2: Enter the	ine 2: Enter the sum of permitted DSEs from block B above								
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter s	um here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				X		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	o moductions.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007415 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE SIGN BASIS SIGN BASIS SIGN BASIS Computation of 3.75 Fee

Name	CABLE ONE, IN		E SYSTEM:								S	YSTEM ID:	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, section: 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 designater statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS												
				R STA	TIONS CARRI	ED			ID SUBSTI	TUTE BASIS			
	1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED DSE DSE DSE												
	3.3.1												П
												•••••	
													••••
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.												
Syndicated			В	LOCK	(A: MAJOR	TI	ELE	EVISION MARK	ET				
Exclusivity Surcharge	• Is any portion of the	cable system v	vithin a top 10	00 maio	r television ma	rke	t as	defned by section 7	6.5 of FCC	rules in effect J	une 24.	1981?	
3 · · · · · · · · · · · · · · · · · · ·	Yes—Complete	,				m of a Was any station listed in block B of part 7 carried in any commu-							
	BLOCK B: C	arriage of VH	F/Grade B C	ontour	Stations								
	Is any station listed in commercial VHF stati or in part, over the ca	ion that place	•	•									
	Yes—List each s	s—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE											
	X No—Enter zero and proceed to part 8.												
	CALL SIGN	DSE	CALL SI	GN	DSE		ΙL	CALL SIGN	DSE	CALL SIG	SN	DSE	İ
			-						-	-			l
													ì
							-						ì
													ì
									ļ				ì
							-						ì
		<u> </u>	TOTAL D	SEs	0.00				<u> </u>	TOTAL DS	SEs	0.00	j
	l					- 1	1						

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 007415	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,271,054.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	Enter here and on line 2 of block 4 in space L (page 7)		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 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 DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	(CABLE ONE, INC.	007415
7	Section 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 Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	_
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge.	<u></u> .
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	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 checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers coated within that station's local service area and others were located outside that area. For the definition of a station's "local 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 1	Enter the amount of gross receipts from space K (page 7)	_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	<u>)</u>
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	_
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 8,910.09	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	_
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7) Base Rate Fee	-
		μΨ	<u></u> .

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 007415	Name
CABLE ONE, INC.	007413	
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		0
A. Enter 0.01064 of gross receipts (the amount in section 1)		8
B. Enter 0.00701 of gross receipts (the amount in section 1) \$\bigseleft\{\bigseleft\} \bigseleft\{\bigseleft\} \bigsel		Computation of
C. Multiply line B by 3.000 and enter here		Base Rate Fee
D. Enter 0.00330 of gross receipts		
(the amount in section 1) \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here▶		
F. Multiply line D by line E and enter here \$	_	
G. Add lines A, C, and F. This is your base rate fee.		
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television br instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple c Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base ra		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To t exclusion, you must:	ake advantage of this	of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dis	stant to the same	and
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Dete DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate f		Syndicated Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exem also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially dista carried to that community.	nt station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers we outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are di subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. N system will have only one subscriber group when the distant stations it carried have local service areas that coincide	ote that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of you groups.	ır system's subscriber	
In each section: • Identify the communities/areas represented by each subscriber group.		
• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant	t to all of the	
subscribers in the group. • If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you ga	ve it in parts 2, 3,	
and 4 of this schedule; or,2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave part 6 of this schedule.	it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the ger in the paper SA3 form.	neral instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule o page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group. You do not be subscribers in that group.	up (that 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 007415 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007415	Name		
В				TE FEES FOR EAC						
COMMUNITY/ AREA	FIRST	SUBSCRIBER GROU	IP 0	COMMUNITY/ AREA	SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0					
			<u>.</u>					Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe		
	-		1	-				and		
		-						Syndicated		
								Exclusivity		
			_					Surcharge		
								for		
	-		_			-	····	Partially Distant		
	-	-				+ · · · · · · · · · · · · · · · · · ·	····	Stations		
			_							
										
				.						
Total DSEs	_		0.00	Total DSEs		H	0.00			
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
0.000 . 1000.ptd . 1101 0					oa ooap	· <u>·</u>				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GRO	UP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-	_							
										
										
			<u></u>							
	<u>.</u>		_				<u> </u>			
			-							
						<u>- </u>				
		-								
	<u>_</u>		_							
			<u> </u>							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
	•				•					
Base Rate Fee Third G	ase Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00			
				· ·						
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$	0.00			

LEGAL NAME OF OWNER CABLE ONE, INC.	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 007415									
BL				TE FEES FOR EACH						
	FIFTH	SUBSCRIBER GROU			SIXTH	SUBSCRIBER GROU	P 0	9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
						 		Syndicated		
							<u></u>	Exclusivity		
								Surcharge for		
		-					<u> </u>	Partially		
								Distant		
		-						Stations		
							<u> </u>			
						-	<u></u>			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00			
	EVENTH	SUBSCRIBER GROU	<u> 0</u>	OOMMUNUTY/ADEA	EIGHTH	SUBSCRIBER GROU	0			
COMMUNITY/ AREA				COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
										
					·	-	<u></u>			
		-				•	<u> </u>			
						-	<u> </u>			
					•		<u></u>			
Total DSEs			0.00	Total DSEs			0.00			
	roun	•	0.00	Gross Receipts Fourth	Group	\$	0.00			
Gross Receipts Third Group \$ 0.00			Sisso Rescipts i suiti	. Стоир	*	3.30				
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00					
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$				

CABLE ONE, IN		E SYSTEM:				S	YSTEM ID# 007415	Name		
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROI	UP	9		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
								Base Rate Fee and		
		-						Syndicated		
								Exclusivity Surcharge		
								for		
	<mark></mark>							Partially		
								Distant Stations		
	·····				····					
		-								
					····					
Total DSEs			0.00	Total DSEs		11	0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00			
Grood recorpto i not	Стоир		0.00	Cross rescipts seed	эна Огоар	<u>*</u>				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
		SUBSCRIBER GRO		COMMUNITY/ADE/		SUBSCRIBER GROU				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٠		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
					·····					
		-								
T / 1005			0.00	T 1 1 DOE			0.00			
Total DSEs	1.0		0.00	Total DSEs	#- 0		0.00			
Gross Receipts Third	ross Receipts Third Group \$ 0.00			Gross Receipts Four	иі Group	\$	0.00			
Base Rate Fee Third	ase Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	th Group	\$	0.00			
Base Rate Fee: Add Enter here and in blo			criber group	o as shown in the boxes	s above.	\$				

LEGAL NAME OF OWI CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name		
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP				
		SUBSCRIBER GRO		H		SUBSCRIBER GRO	UP 0	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computatio					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fo		
								and		
								Syndicated Exclusivity		
			••••		······		<u> </u>	Surcharge		
								for		
		 						Partially		
								Distant		
			••••	·				Stations		
		H					·····			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
I	FIFTEENTH	SUBSCRIBER GRO	DUP		SIXTEENTH	SUBSCRIBER GRO	UP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			····	·			<u> </u>			
			····	·	······					
			···							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$				

and Syndica Exclusive Surchar	LEGAL NAME OF OWNER O CABLE ONE, INC.	F CABL	E SYSTEM:				S	YSTEM ID# 007415	Name
COMMUNITY/ AREA O COMMUNITY/ AREA					T I				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DE Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DE Base Rate Fee Second Group S 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DE Base Rate Fee Second Group S 0.00 Sales Rate Sign DSE CALL SIGN DSE DATE OF Base Rate Fee Second Group S 0.00 Total DSEs 0.00 Sales Rate Fee Second Group S 0.00 TWENTIETH SUBSCRIBER GROUP TWENTIETH SUBSCRIBER GROUP TWENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0		ENTH	SUBSCRIBER GRO		†		SUBSCRIBER GROU		۵
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate CALL SIGN DSE CALL SIGN DSE Base Rate CALL SIGN DSE Base Rate CALL SIGN DSE CALL SIGN DSE Base Rate CALL SIGN DSE CALL SIGN DSE Base Rate CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA			0	COMMUNITY/ ARE.	0			
and Syndica Exclusive Surchar for Partial Distant Station Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Group \$ 0.00 Gross				DSE			11		
Syndica Exclusive Surchar for Partial Distan Station Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.									Base Rate Fe
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Surchar for Partial Distant Station				<u> </u>		·····			
									Surcharge
Distant Station NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O Distant Distant Station NINTEENTH SUBSCRIBER GROUP Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 TWENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
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Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA				···				····	Stations
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA									
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Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O Gross Receipts Second Group \$ 0.00 TWENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O	T 1 1 DOF	ļ		0.00	T		11	0.00	
Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0								3	
NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O	Gross Receipts First Group	р	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Base Rate Fee First Group	0	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NINTE	ENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	JP	
CALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
	CALL SIGN D	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				······································					
				<u> </u>					
Total DSEs	Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third Grou	ıp	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	ase Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Fou	rth Group	\$	0.00	

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007415	Name		
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP SUBSCRIBER GRO	UP	9		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation		
								Base Rate Fee and		
		-						Syndicated		
								Exclusivity		
								Surcharge for		
		-						Partially		
					····			Distant Stations		
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
		SUBSCRIBER GRO		11		SUBSCRIBER GROU				
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
Base Rate Fee Third	ase Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$ 0			0.00			
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$				

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
				ATE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	9
COMMONT IT AREA				OOMMONT IT AREA	`			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
			<u> </u>					Syndicated
								Exclusivity
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			. 					Partially
								Distant
								Stations
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Total DSEs		•	0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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			<u>-</u>					
					••••			
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	r					·		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007415	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCF	RIBER GROUP		
	TY-NINTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	JP	THIRT	Y-SECONE	SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	1
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	1
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
	••••		···			-		Exclusivity
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	<u>.</u>							for
	····		···			-		Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	SEVENTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······································		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
					<u></u>			Syndicated
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					••••		••••	for
								Partially
								Distant
		-	<u>.</u>		<u></u>			Stations
			<mark>-</mark>		<mark></mark>			l
		-	<u>-</u>					l
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Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	İ
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	JP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·		0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
			<u>.</u>		<u>.</u>			l
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								l
Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	l
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

COND SUBSCRIBER GROUP 0 Computation E CALL SIGN DSE of Base Rate Fe		TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK V· (
0 9 Computation	Y-SECOND	II FORT				
Computation E CALL SIGN DSE of Base Rate Fe				SUBSCRIBER GROU	TY-FIRST	
E CALL SIGN DSE of Base Rate Fe		COMMUNITY/ AREA	0			COMMUNITY/ AREA
······································	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-			
and						
Syndicated Exclusivity	·					
Surcharge			-	 		
for						
Partially						
Distant				-		
Stations			<u>.</u>			
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0.00		Total DSEs	0.00			Total DSEs
oup \$ 0.00	nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
s 0.00	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
JRTH SUBSCRIBER GROUP	Y-FOURTH	FORT	JP	SUBSCRIBER GROU	TY-THIRD	FOR
0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
E CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00		Total DSEs	0.00			Total DSEs
	Croup		0.00	•	rous	
up <u>\$ 0.00</u>	і Отоир	Gross Receipts Fourt	0.00	\$	σιυυμ	Gross Receipts Third (
s 0.00	n Group	Base Rate Fee Fourt	0.00	\$	Group	Base Rate Fee Third (

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Base Rate Syndicate	CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
COMMUNITY: AREA									
CALL SIGN DSE CALL SIGN			SUBSCRIBER GRO		II		H SUBSCRIBER GRO		9
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Base Rate Syndicate	COMMUNITY AREA				COMMUNITY AREA	······································			Computation
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicate Exclusivit Surcharge for Partially Distant Stations Total DSEs									Base Rate Fee
Exclusivit Surcharg Surcharg Surcharg for Partially Distant Stations Total DSEs Gross Receipts First Group \$ 0.00 FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Gross Receipts First Group \$ 0.00 FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA				<u></u>		<u></u>			
Surchary Fortial DSEs Surchary Surchary Fortial DSEs Surchary Surchary Fortial DSEs Surc				-				····	Exclusivity
Partially Distant Stations Total DSEs									Surcharge
Distant Stations Distant Stations				<u></u>		<u>.</u>			
Stations Statio						·····			_
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CO				<u> </u>					ı
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CO				<u> </u>		<u></u>			ı
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CO				<u>-</u>				····	ı
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FORTY-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 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 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Feo Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									ı
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CO									ı
Base Rate Fee First Group FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE	Total DSEs			0.00	Total DSEs			0.00	ı
FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	ı
COMMUNITY/ AREA O CALL SIGN DSE CALL S	Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	1
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	FORT	Y-SEVENTH	SUBSCRIBER GRO	UP	FOF	RTY-EIGHTH	SUBSCRIBER GRO	UP	ı
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				<u></u>					ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				-					ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.					-				ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		·····							ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				<u></u>					ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				<u></u>					ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				<u> </u>					ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				<u></u>					ı
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs			0.00	1
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third	d Group	\$		Gross Receipts Four	th Group	\$		1
	Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	1
Enter here and in block 3, line 1, space L (page 7) \$				criber group	as shown in the boxes	s above.	\$		l

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		 		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate Fe
	····		····		·····			and Syndicated
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								Partially
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	••••							
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	FTY-FIRST	SUBSCRIBER GRO	OUP	FIF	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····						<u></u>	
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		-	····	-			·····	
		 	····				····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	the base ra	te fees for each subs		Base Rate Fee Fou		\$	0.00	

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007415	Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for Partially
		-						Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs		Ш	0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		I SUBSCRIBER GRO	<u>0</u>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	YSTEM ID# 007415	Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP.	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
		-						and
				-				Syndicated Exclusivity
				1				Surcharge
								for
								Partially
					<u>.</u>			Distant
				-				Stations
						-		
T-4-1 DOE-	<u> </u>		0.00	T-4-LDOF-			0.00	
Total DSEs	oup.	c	0.00	Total DSEs	and Croup	¢	0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIFT	Y-NINTH	SUBSCRIBER GRO	JP		SIXTIETH	SUBSCRIBER GROU	JP	
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 G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
		, —— <u> </u>				. ———		
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
E	SLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	KTY-FIRST	SUBSCRIBER GRO)UP	i i		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			···					Base Rate F
	···	-						Syndicated
	···	-		.				Exclusivity
								Surcharge
		ļ						for
								Partially
		-					····	Distant Stations
	···	-	···		••••			Gtationo
	<u></u>							
	<u></u>				····			
Γotal DSEs	ļ		0.00	Total DSEs		Ц	0.00	
	_						3	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIX	TY-THIRD	SUBSCRIBER GRO	UP	SIX	TY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>				·····			
			•••				••••	
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	<u></u>		···					
			····		••••			
Γotal DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	he base ra	te fees for each subs		Base Rate Fee Fou		\$	0.00	

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
Е	LOCK A: (COMPUTATION O	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	XTY-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		_						and
								Syndicated
	 			-				Exclusivity Surcharge
	···	_	···		<u></u>			for
	•••	=						Partially
								Distant
		_						Stations
	<u></u>	 			<u></u>			l
					<u></u>		····	l
	···		······································		<u></u>			l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	1
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIXTY	-SEVENTH	SUBSCRIBER GRO	UP	SIX	TY-EIGHT	SUBSCRIBER GROU	UP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
	<u></u>	 						l
					<u></u>			l
	···	-	<u> </u>		<u></u>		····	l
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	<u></u>				<u></u>			l
	···							l
Total DSEs	•		0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	l
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
		COMPUTATION OI SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
			<u> </u>					and Syndicated
								Exclusivity
			<u></u>					Surcharge for
			-					Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Gross Receipts First Group \$ 0.00				and Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO		II		SUBSCRIBER GROU	UP -	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			<u></u>		<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007415	Name
				ATE FEES FOR EAC				
SEVE COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	ii –		SUBSCRIBER GRO	UP 0	9
COMMUNITY AREA	······································			COMMUNITY/ AREA	······································			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
	•••••							Exclusivity
								Surcharge
		-			<u>.</u>			for Partially
			<u></u>				····	Distant
								Stations
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVE	ENTY-FIFTH	SUBSCRIBER GRO	UP	SEVI	ENTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u>.</u>			
			···					
			···					
					<u>.</u>			
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SEVENTY-	SEVENTH	SUBSCRIBER GRO		SEVE	NTY-EIGHTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALLE GIGIT	502	OF ILL CICIT	502	OF ILLE STOTE	502	OF ILLE STORY	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
		_				-		Surcharge
					·····	-	····	for Partially
								Distant
	•••••••••••••••••••••••••••••••••••••••	-	•••			-		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
			···			-	····	
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			<u></u>			-		
			<u></u>				<u></u>	
		-					····	
			<u></u>					
						•		
Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		1		SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	·····				·····			Base Rate Fe
	·····		····	·				Syndicated
••••••			····					Exclusivity
								Surcharge
								for
	·····				·····			Partially Distant
		<u> </u>		1				Stations
			····		·····	.		
				1				
Total DSEs	•	! !	0.00	Total DSEs	- 1		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	•					·		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		ii —		SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
				1				
	·····							
	·····		····	·				
			····		·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	ross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007415	Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			-					Base Rate Fee
	···		·			-		and Syndicated
								Exclusivity
								Surcharge
						-		for Partially
								Distant
								Stations
							<u> </u>	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHTY-	SEVENTH	SUBSCRIBER GRO	UP	EIGH	HTY-EIGHTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			-					
			·					
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

ETH SUBSCRIBER GROUP 0 Computation E CALL SIGN DSE		TE FEES FOR EACH	BASE RA	OMPLITATION OF		
0 Computation E CALL SIGN DSE of	NINTIFTH					
Computation E CALL SIGN DSE of				SUBSCRIBER GROU	TY-NINTH	
CALL SIGN DSE of	Α	COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe				ļ		
and						
Syndicated Exclusivity					<u></u>	
Surcharge						
for						
Partially						
Distant Stations						
- Statistic						
0.00	!	Total DSEs	0.00		-	Total DSEs
	and Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
, J. J. J. J. J. J. J. J. J. J. J. J. J.	ond Group	Gross Neceipts Secon	0.00	4	Toup	Gross Necelpts First C
s 0.00	ond Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
OND SUBSCRIBER GROUP		11	JP	SUBSCRIBER GRO	TY-FIRST	NINE
0	COMMUNITY/ AREA 0					COMMUNITY/ AREA
CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
······				-		
				-		
0.00		Total DSEs	0.00	Total DSEs 0.00		
\$ 0.00	th Group	Gross Receipts Fourt	0.00	\$	Group	Gross Receipts Third
\$ 0.00	th Group	Base Rate Fee Fourt	0.00	Base Rate Fee Third Group \$ 0.00		Base Rate Fee Third (

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
				ATE FEES FOR EAC			LID.	
COMMUNITY/ AREA	: i Y- i HIKD	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GRO	0	9
CALL SICN	Dec	CALLSION	DOE	CALL SIGN	Dec	I CALL SIGN	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
			···					and
								Syndicated
								Exclusivity
			<mark></mark>					Surcharge
	<u></u>		<mark></mark>		<mark>.</mark>	-		for
								Partially Distant
			. 			-		Stations
			<u></u>		•••••			0
			<u></u>					
T-t-1 D05-			0.00	T-4-LDOF-			0.00	
	Total DSEs 0.00			Total DSEs	0.00			
Gross Receipts First (этоир	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
	ETY-FIFTH	SUBSCRIBER GRO		ii .		SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			···			-		
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs	0			Total DSEs				
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rtn Group	\$	0.00	
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	rth Group	\$	0.00	
D D 1 5	U I-		il					
Base Rate Fee: Add to Enter here and in block			onber group	as Shown in the doxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO)UP	††		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	····		<u> </u>					Base Rate Fe
			<u></u>					and
	····			-	·····			Syndicated Exclusivity
	····			-		-		Surcharge
								for
		 						Partially
	<u>.</u>		<u></u>					Distant
								Stations
	••••••••••••		···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	ETY-NINTH	SUBSCRIBER GRO)UP	ONE H	HUNDREDTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		 	-	·····			
	••••		···					
	<u>.</u>		<u></u>					
								
	••••••••••••		···			•		
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•				,			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007415	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU		II		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
	····							Syndicated Exclusivity
								Surcharge
		-						for
	<u> </u>				<u></u>			Partially
	····							Distant Stations
								Glations
	<mark> </mark>						<u></u>	
	····							
Total DSEs		!	0.00	Total DSEs	_		0.00	
-			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii .		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	-			<u></u>			
								
	<u>.</u>							
	····							
		-						
					<u></u>			
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	¢	0.00	Base Rate Fee Fourt	h Group	¢	0.00	
Dase Nate Fee Hill(0	Эгоир	\$	0.00	Dase Nate Fee Foult	ιι σιουρ	\$	0.00	
Rasa Rata Foo: Add	the hace ret	a face for each subsc	riher groun	as shown in the boxes	ahove			
Enter here and in bloo			ander group	, as shown in the buxes	above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007415	Name
		COMPUTATION OI SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP	LID	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		T COBOOTIBET ONC	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
			<u> </u>					Exclusivity
								Surcharge
			<u> </u>					for Partially
			. 	·	••••			Distant
								Stations
			<u></u>		····			
			<u></u>		····		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Gross Receipts First Group \$ 0.00			Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDREI COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	ONE HUNDR		SUBSCRIBER GRO	UP 0	
COMMONIT IT AREA	······································			COMMONT IT AREA	`			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			-		•			
			<u></u>		····			
			<u>-</u>					
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			<u>-</u>					
					••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
E	BLOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDR	RED NINTH	SUBSCRIBER GRO	UP	ONE HUND	RED TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-				-		and
	····					 		Syndicated
	····		<u> </u>					Exclusivity Surcharge
	····	-	·			-		for
	••••		<u>-</u>		·····	-		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 (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u> </u>	
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						-		
						-	·····	
			<u> </u>			-		
			<u> </u>					
			<u> </u>			•		
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007415	Name
				ATE FEES FOR EACH			ID	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		I SUBSCRIBER GRO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
				-	<u></u>			and Syndicated
								Exclusivity
								Surcharge for
					<u></u>			Partially
								Distant
				-	<u></u>			Stations
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
								
					<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs		П	0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
				TE FEES FOR EAC				
ONE HUNDRED SEV		SUBSCRIBER GRO		ii .		SUBSCRIBER GRO		9
COMMUNITY/ AREA	٠		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						 		and
			<u></u>			-		Syndicated
				-		-		Exclusivity Surcharge
				·		-		for
								Partially
								Distant
								Stations
								
						-		
			···			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED N	NINTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>			<u> </u>		
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			<u></u>			-		
					·····	-	<u> </u>	
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			<u></u>					
					·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007415	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	······		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
					<u></u>			for
		-						Partially
								Distant
								Stations
		-			<u></u>			
		-			<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED TW	ENTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	ITY-FOURTH	SUBSCRIBER GROUF)	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				-				
	·····							
		-						
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
					, ,			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	NTY-FIFTH	SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>		···					Base Rate Fe
	···							Syndicated
	···	 	···	·				Exclusivity
								Surcharge
								for
								Partially
	<u></u>			·	·····			Distant Stations
	···		···					Guarono
	<u></u>							
	<u></u>					. -		
T-4-1 DOE-			0.00	T-4-LDOF-		1	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>			-				
	···		···					
	<u></u>			-				
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		_	<u></u>					
	<u></u>		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in blood			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC		E SYSTEM:				S	YSTEM ID# 007415	Name
[BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCF	RIBER GROUP		
		SUBSCRIBER GROUP			THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.22 0.0.1	332	07.122 07.01.1		0,122 0.011	202	07.22 0.0.1	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
					<u> </u>		····	Surcharge for
		-						Partially
								Distant
		-						Stations
							•••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROUP		H	TY-SECONE	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				-	<u> </u>			
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		-						
					<u> </u>		····	
		-						
		-						
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
	2.5up	.*	3.00	J. 335 P. Goodpio Pourti	. С. очр	<u>-</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007415	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED THIF	RTY-THIRD	SUBSCRIBER GROUP	1	ONE HUNDRED THI	RTY-FOURTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.01.01.1	302	07.122 0.0.1		07.22 0.0.1	202	07.22 0.011	302	Base Rate Fee
								and
								Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIFTH	SUBSCRIBER GROUP	1	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>							
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	<u>-</u>	-		·		-	····	
	<u> </u>						····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroun		0.00	Gross Receipts Four	th Group	\$	0.00	
Cross Receipts Time C	лоцр			Gross rescipto r oui	ит Огоар			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
В	SLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRT	Y-SEVENTH	SUBSCRIBER GROU	Р	H .		SUBSCRIBER GROUF)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
		 						and
	···		<u></u>		••••		····	Syndicated
								Exclusivity
								Surcharge
		-						for
	<u></u>							Partially Distant
	···		···				····	Stations
•••••	<u>'''</u>	-			••••			
Total DSEs			0.00	Total DSEs		11	0.00	
		_				_	•	
Gross Receipts First C	eroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
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	····		···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 007415	Name
ONE HUNDRED F	ORTY-FIRST	COMPUTATION OF SUBSCRIBER GROUP)	it .	RTY-SECONI	RIBER GROUP SUBSCRIBER GROUP		9
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
			<u> </u>		<u></u>			Distant Stations
								Otations
					<u></u>			
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii e		SUBSCRIBER GROUP		
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
					<u></u>			
					<u></u>			
Total DSTa			0.00	Total DCFa			0.00	
Total DSEs	d Group	•	0.00	Total DSEs	h Group	e	0.00	
Gross Receipts Third	α Θιυαμ	\$	0.00	Gross Receipts Four	iii Gioup	\$	3.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007415	Name
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FOI	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED F	ORTY-SIXTH	SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
	<u></u>				····			Distant Stations
					····			Stations
					····			
Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					····	-		
		-			••••			
					····			
					····	-		
					····	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007415	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDRE	ED FIFTIETH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.122.01011	332	0,122 0,011	202	07.22 0.0.1	202	07.122.01011	302	Base Rate Fee
								and
								Syndicated
							····	Exclusivity
			<u> </u>					Surcharge for
	···		<u>.</u>					Partially
								Distant
								Stations
			<u>.</u>					
								
	···		<u>.</u>			<u> </u>		
	···		·		••••	<u> </u>	····	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		_						
	···		 					
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
Е	SLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate Fee
	···							Syndicated
	···	 		·	••••			Exclusivity
								Surcharge
								for
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		-						Distant Stations
	···	-						Otations
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T		<u> </u>	0.00			Ц	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	•		0.00	Total DSEs	1		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Page Date For Third	Crous	œ.	0.00	Page Pote For For	rth Crous	•	0.00	
Base Rate Fee Third	Gioup	\$	0.00	Base Rate Fee Fou	пп Стоир	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007415	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFT		SUBSCRIBER GROU		††		H SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
								Base Rate Fe
			···					Syndicated
								Exclusivity
								Surcharge
							<u></u>	for Partially
								Distant
								Stations
			<u></u>					
	····							
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED F		SUBSCRIBER GROU	0	COMMUNITY/ ARE		1 SUBSCRIBER GROUF	0	
COMMUNITY AREA				COMMUNITY ARE	A			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		H	····				····	
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			···					
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

B		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	IP		
COMMUNITY/ AREA	11101		0	COMMUNITY/ ARE			0	9	
		П						Computati	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F	
	<u></u>					-	····	and	
	<u></u>		·			-	····	Syndicate	
								Exclusivit	
								Surcharge	
								for	
						 		Partially	
								Distant	
			-					Stations	
		-				-			
			-			-			
otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G			0.00		Gross Receipts Second Group \$				
	ss Receipts First Group								
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec					
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
						-			
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							<u></u>		
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otal DSEs			0.00	Total DSEs			0.00		
	roun	<u> </u>			rth Crown	•	-		
Gross Receipts Third (oroup	\$	0.00	Gross Receipts Fou	rui Group	\$	0.00		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
				<u> </u>					

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 007415	Name
В				TE FEES FOR EAC				
	FIFTH	SUBSCRIBER GRO				I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
							<u></u>	and
	 	-			····			Syndicated Exclusivity
	-							Surcharge
								for
								Partially
					<u>.</u>	.		Distant
	<mark></mark>				····			Stations
							<u></u>	
	<u></u>							
otal DSEs		0.00		Total DSEs				
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Seco				
	SEVENTH	SUBSCRIBER GRO	UP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A	0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<mark></mark>		<u></u>				<u> </u>	
	<u></u>						<u> </u>	
	<u>-</u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Door Date For This I'd	Orou-		0.00	Book Bata Fair F	th Crows		0.00	
Base Rate Fee Third (JOUP	\$	0.00	Base Rate Fee Four	ııı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

Name	YSTEM ID# 007415	S				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				Bl
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GRO	NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		-				-		
Syndicated Exclusivity		-					<u></u>	
Surcharge		-						
for								
Partially								
Distant		-						
Stations	<u> </u>							
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	0.00		Total DSEs		0.00			Total DSEs
	0.00	\$	Gross Receipts Second Group		\$ 0.00		Gross Receipts First Group	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	LEVENTH	El
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group		0.00		Group	Total DSEs Gross Receipts Third G
	-	\$	Group	Total DSEs Gross Receipts Fourth		\$	Group	

Name	YSTEM ID# 007415						R OF CABL	CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	JRTEENTH	İ		SUBSCRIBER GROU	RTEENTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat Exclusiv			.		<u>-</u>			
Surchar			<u>.</u>		<u>-</u>			
for								
Partiall			<u>.</u>		<u> </u>	-		
Distan Station			<mark>-</mark>		<u> </u>			
Otation		-	<u> </u>		<u>-</u>			
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	0.00		4	Total DSEs	0.00	-		Total DSEs
	0.00	Gross Receipts Second Group \$ 0.00		\$ 0.00		sts First Group \$		
-								
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
	ID	SUBSCRIBER GROU	INTERNITI					
	_		IXTEENTH	İ		SUBSCRIBER GROU	TEENTH	
	0		IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GROU	TEENTH	
	_	CALL SIGN	DSE	İ		SUBSCRIBER GROU	DSE	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			CALL SIGN
	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Total DSEs
	0.00	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA
	0.00	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs

Name	YSTEM ID# 007415					_E SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	HTEENTH	iii —		SUBSCRIBER GRO	NTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe						<u> </u>		
and						 		
Syndicated		-						
Exclusivity Surcharge		-						
for	<u> </u>	-						
Partially	<u> </u>		······································		-			
Distant		-	······································		1			
Stations								
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					<u>-</u>			
		<u> </u>	<u> </u>					
	0.00		Total DSEs		0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	VENTIETH	Т	UP	SUBSCRIBER GRO	NTEENTH	NII
	0	AREA 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		1						
					***	4		
	<u></u>							
	0.00			Total DSEs	0.00			Total DSEs
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	Total DSEs Gross Receipts Third C

Name	YSTEM ID# 007415	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
9	JP	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe							<u> </u>	
and								
Syndicated								
Exclusivity								
Surcharge								
for	<u></u>				ļ		 	
Partially Distant								
Stations	<u></u>						 	
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1								
	0.00			Total DSEs	0.00		-	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00			Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	'-FOURTH	TWENTY	JP	SUBSCRIBER GROU	Y-THIRD	TWENT
	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		Ш	1	Total DSEs	0.00		l	Total DSEs
-	0.00			1				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007415								
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GRO	TY-FIFTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and		-							
Syndicated									
Exclusivity Surcharge		-			-				
for		-			-	-			
Partially	<u> </u>				•				
Distant									
Stations									
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		<u> </u>	ļ						
	0.00		Total DSEs		0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP	SUBSCRIBER GRO	SEVENTH	TWENTY-	
	COMMUNITY/ AREA				0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		 			<u> </u>		•••		
		-							
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C	

Name	YSTEM ID# 007415	S			· 	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GRO	Y-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and							ļ	
Syndicated Exclusivity								
Surcharge	····	 					·	
for								
Partially								
Distant						-	ļ	
Stations							ļ	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	-SECOND	THIRTY	JP	SUBSCRIBER GRO	TY-FIRST	THIR
	0	0 COMMUNITY/ AREA		0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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				1				
	0.00			Total DSEs	0.00	-		Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	YSTEM ID# 007415					LE SYSTEM:		CABLE ONE, INC.	
				TE FEES FOR EACH					
9	JP	SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GRO	TY-THIRD		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe		-							
and									
Syndicated		-					<mark></mark>		
Exclusivity Surcharge		<u> </u>							
for	<u> </u>	-			-	-			
Partially	····				·		-		
Distant		-							
Stations									
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	<u></u>						<u></u>		
	0.00		Total DSEs		0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	iroup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	RTY-SIXTH	THII	UP	SUBSCRIBER GRO	TY-FIFTH	THIR	
	DMMUNITY/ AREA 0				0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
				i i					
		.l L					•		
	0.00			Total DSEs	0.00			Total DSEs	
	0.00			Total DSEs	0.00				
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C	

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 007415	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
			<u></u>				·····	Syndicated
	<u></u>					<u> </u>		Exclusivity Surcharge
	<u>-</u>	-	<u></u>		···	-		for
			-		···	 		Partially
		-						Distant
								Stations
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	. <mark>.</mark>		<u></u>				<u></u>	
	<u>.</u>						<u> </u>	
			<u></u>				<u></u>	
Total DSEs		0.00		Total DSEs			0.00	
Gross Receipts First G	roup	\$ 0.00		Gross Receipts Second Group		\$		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THIR'	TY-NINTH	SUBSCRIBER GRO	UP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA	AREA 0		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	•					
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			<u>-</u>				····	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
Base Rate Fee: Add the Inter here and in block			criber group	as shown in the boxes	above.	\$		

	IP	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU			
9	0	CODOCINIDER GROC	SECOND	COMMUNITY/ AREA	0	CODOCINDER GROU	1-1 11(01	COMMUNITY/ AREA	
Computati									
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate I							. 		
Syndicate	····					-	<u> </u>		
Exclusivi							<u></u>		
Surcharg							<u></u>		
for									
Partially									
Distant		_							
Stations						-			
									
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	0.00	•	•	Total DSEs	0.00	-		otal DSEs	
	0.00	¢	Gross Receipts Second Group \$			\$ 0.00		Gross Receipts First G	
	Gloss Necelpts Second Gloup					\$ 0.00		iloss Receipts Filst G	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	ase Rate Fee First G	
	JP	SUBSCRIBER GROU	′-FOURTH	FORTY	JP	SUBSCRIBER GRO	TY-THIRD	FOR ⁻	
	0					0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	····						<u></u>		
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	0.00			Total DSEs	0.00			otal DSEs	
		S	Group				Group		
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs Fross Receipts Third C	

Name	YSTEM ID# 007415	S'			.	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.	
				TE FEES FOR EACH					
9	JP	SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
Syndicated									
Exclusivity	<u></u>	-							
Surcharge for									
Partially		-					·····		
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	0.00		Total DSEs		0.00			otal DSEs	
	0.00	\$	Gross Receipts Second Group		0.00	\$ 0.00		Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP	FORTY-SEVENTH SUBSCRIBER GROUP			
	COMMUNITY/ AREA0				0			COMMUNITY/ AREA	
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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-	0.00			Total DSEs	0.00			Total DSEs	
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	

Name	O07415	31				.E SYSTEM:	R OF CABL	CABLE ONE, INC.
	_			TE FEES FOR EACH				
9	IP 0	SUBSCRIBER GROU	FIFTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	Y-NINTH	FORT COMMUNITY/ AREA
Computation	DOE	II OALL CION	L DOE	CALL CION	DOE	L OALL CION	DOE	OALL CION
of Base Rate F	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
Syndicated								
Exclusivity								
Surcharge								
for Partially								
Distant								
Stations								
	<u></u>							
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Gross Receipts Second Group		\$ 0.00		Gross Receipts First Group	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	-SECOND	FIFTY	JP	SUBSCRIBER GRO	TY-FIRST	FIF ⁻
	0			COMMUNITY/ AREA	0		OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSFs	0.00			Total DSEs
	0.00		0	Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	YSTEM ID# 007415	S`				LE SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		-						
Syndicated Exclusivity		-			<u>.</u>			
Surcharge					-			
for	····							
Partially		-						,
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Stations								
					 			
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Gross Receipts Second Group \$		\$ 0.00		·	
		\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	0.00	Ψ	u Oroup			T	Toup	
	•						-	
	JP	SUBSCRIBER GROU		FI		SUBSCRIBER GROU	-	FIF
	•				UP 0		-	FIF
	JP			FI			-	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	FIE COMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	TY-FIFTH DSE	FIF COMMUNITY/ AREA

Name	YSTEM ID# 007415	S'				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BL
٥	JP	SUBSCRIBER GROU	Y-EIGHTH	FIFT		SUBSCRIBER GRO	SEVENTH	FIFTY-S
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity Surcharge		-						
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Stations								
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	0.00		Total DSEs		0.00		rotal DSEs	
	\$ 0.00		Gross Receipts Second Group \$		\$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GRO	TY-NINTH	FIFT
	0			COMMUNITY/ AREA	0		COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007415	Name
				TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GRO			/-SECOND	SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					ļ			Base Rate Fe
		-			.	-		and
					.			Syndicated
			-		.	 		Exclusivity Surcharge
						-		for
		-				-		Partially
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Total DSEs	 		0.00	Total DSEs		Щ	0.00	
Total DSEs Gross Receipts First Group \$				Gross Receipts Second Group \$		\$		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SIXT	Y-THIRD	SUBSCRIBER GRO	UP	SIXT				
OMMUNITY/ AREA			0	COMMUNITY/ AREA		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u>. </u>		0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Fee: Add th	e base rat			as shown in the boxes a		\$	0.00	

Name	YSTEM ID# 007415	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.	
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	CTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and						-			
Syndicated									
Exclusivity Surcharge	···-					 			
for		-							
Partially		-				-			
Distant									
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	0.00	11	Į.	Total DSEs	0.00		 	Total DSEs	
	0.00	\$ 0.00		Gross Receipts Second Group \$		\$ 0.00		Total DSEs Gross Receipts First Group	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	Y-EIGHTH	SIXT	JP	SUBSCRIBER GRO	SEVENTH	SIXTY-S	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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		11		Total DSEs	0.00		ı	Total DSEs	
	0.00			TOTAL DOLS					
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	
	_	\$	Group			\$	Group	Gross Receipts Third G	

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 007415	Name
				TE FEES FOR EAC				
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
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Total DSEs			0.00	Total DSEs	<u>.</u>		0.00	
otal DSEs cross Receipts First Group		\$ 0.00		Gross Receipts Second Group \$		\$		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVEN	ITY-FIRST	SUBSCRIBER GRO	OUP	SEVEN	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A	0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	r	<u></u>	0.50			<u> </u> *	<u> </u>	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007415								Name
BL	OCK A: 0	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
SEVENT	Y-THIRD	SUBSCRIBER GRO	UP	SEVENT	Y-FOURTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					ļ			Base Rate Fee
								and
								Syndicated
					<u> </u>			Exclusivity
		-					.	Surcharge
								for
								Partially
							<u></u>	Distant
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Total DSEs	<u> </u>		0.00	Total DSEs	-		0.00	
otal DSEs Gross Receipts First Group		\$ 0.00		Gross Receipts Second Group \$		\$		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SEVEN ⁻	TY-FIFTH	SUBSCRIBER GRO	UP	SEVE	NTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	UNITY/ AREA0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	 				<mark>-</mark>		<u> </u>	
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Rate Fee: Add th			criber group	as shown in the boxes	above.	\$		

Name						<u>- </u>			
	ID			TE FEES FOR EACH					
9	0 0	SUBSCRIBER GROU	T-EIGHTH	COMMUNITY/ AREA	<u>مر</u>	SUBSCRIBER GROU	SEVENIH	SEVENTY-S COMMUNITY/ AREA	
Computati				O SIMILOTATI TY YELLON					
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndicate Exclusivi							<u></u>		
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for									
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	0.00			Total DSEs	0.00	-		otal DSEs	
	0.00	Gross Receipts Second Group \$			\$ 0.00			Fross Receipts First G	
									
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	ase Rate Fee First Gr	
	JP	SUBSCRIBER GROU	IGHTIETH	E	JP	SEVENTY-NINTH SUBSCRIBER GROUP ILINITY/ ARFA 0			
	COMMUNITY/ AREA 0			0		COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			otal DSEs	
	0.00	<u> </u>	Group				Group		
		<u> </u>	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs Gross Receipts Third G	

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:	•			S	YSTEM ID# 007415	Name		
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP				
EIGH	TY-FIRST	SUBSCRIBER GROU	JP	EIGHT	Y-SECONE	SUBSCRIBER GRO	UP	0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant		
								Stations		
	<u> </u>									
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Group		\$ 0.00		Gross Receipts Second Group		oup \$ 0.00				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00			
EIGH ⁻	EIGHTY-THIRD SUBSCRIBER GROUP				EIGHTY-FOURTH SUBSCRIBER GROUP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
O/ LEE GIGIT	DOL	O/ LE CIOIT	DOL	O/ILL OIGIV	DOL	O/ LE GIGIT	DOL			
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	Group	\$		Gross Receipts Fourth	h Group	\$	-			
Cross recoupts mild e	ουρ	•	3.00	- Si oos Receipis i ouiti	· Oroup	<u>*</u>				
Base Rate Fee Third G							0.00			
Group \$ 0.00 Gross Re		0.00 Gross Re	Gross Re	ceipts Fourtl		\$ \$	0.00			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007415							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity	<u></u>				<u> </u>			
Surcharge for								
Partially		-						
Distant								
Stations								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Gross Receipts Second Group \$		\$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	Y-EIGHTH	EIGHT	JP	SUBSCRIBER GRO	EIGHTY-SEVENTH	
	A0			COMMUNITY/ AREA	0		OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSFs	0.00			Total DSEs
	0.00			Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Computation	IIP	IBER GROUP	SUBSCR	TE EEEO EOO EAOU		· · · · · · · · · · · · · · · · · · ·		
Computation of	IID			TE FEES FOR EACH		COMPUTATION OF		
Computation of	NINTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0					SUBSCRIBER GROU	ΓΥ-NINTH	
of								COMMUNITY/ AREA
Base Rate Fe	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and	<u></u>							
Syndicated Exclusivity	····					-	<u> </u>	
Surcharge		-						
for								
Partially								
Distant Stations	<u></u>							
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	0.00			Total DSEs	0.00		<u> </u>	Total DSEs
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<u>-</u>	0.00	\$	a Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
<u>o</u>	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	NINETY-SECOND SUBSCRIBER GROUP					NINETY-FIRST SUBSCRIBER GROUP RFA 0		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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0	0.00			Total DSEs	0.00			Total DSEs
_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third (
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<u>o</u>	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

Name	YSTEM ID# 007415	S'			,	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity Surcharge		 						
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	0.00	Į Į	ļ	Total DSEs	0.00			Total DSEs
	0.00	\$	<u> </u>		\$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	TY-SIXTH	NINE	JP	SUBSCRIBER GRO	TY-FIFTH	NINE
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G
	-	\$	Group			\$	Group	

Name	YSTEM ID# 007415	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
۵		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Gomputation of Base Rate Feand Syndicated Exclusivity Surcharge for Partially Distant Stations	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe							<u> </u>	
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
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	JP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GROU	TY-NINTH	NINET
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007415	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRE	ED FIRST	SUBSCRIBER GRO	UP	ONE HUNDRE	D SECOND	SUBSCRIBER GRO	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Γotal DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GRO	UP	ONE HUNDRE	D FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

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Total DSEs	<u>ı </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
		Į*	3.00			ļr.	3.30	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 007415					.E SYSTEM:		CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BI
0	JP	SUBSCRIBER GROU	RED SIXTH	ONE HUNDI	JP	SUBSCRIBER GRO	ED FIFTH	ONE HUNDR
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
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Partially Distant					<u>.</u>			
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	0.00		•	Total DSEs	0.00		•	Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GRO	SEVENTH	ONE HUNDRED
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C

	007415					·	•	
	ID			TE FEES FOR EACH				
9	0 0	SUBSCRIBER GROU	EDIENIH	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GRO	בט ואווא I H	ONE HUNDR OMMUNITY/ AREA
Computati				COMMONT IT THE				ON TOTAL TOT
Computati of Base Rate and Syndicate Exclusivi Surcharg for Partially Distant Stations	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	JP	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	JP	SUBSCRIBER GRO	LEVENTH	ONE HUNDRED E
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs

Name				· · · · · · · · · · · · · · · · · · ·				
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
	IP	SUBSCRIBER GROU	RTEENTH:	ONE HUNDRED FOU	JP	SUBSCRIBER GROU	RTEENTH	ONE HUNDRED THIF
9 Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr
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	IP 0	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIR
-	IP 0	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIR
	IP 0	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIR
	IP 0	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIR
	IP 0	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIR
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	IP 0	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
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	IP 0	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
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	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED S COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED FIF
	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	CALL SIGN	DSE	ONE HUNDRED S COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	ONE HUNDRED FIF OMMUNITY/ AREA CALL SIGN otal DSEs ross Receipts Third G ase Rate Fee Third G

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:					007415	Name
				TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROU		TI .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
		_						and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED NIN	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	٩		0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	roun	¢	0.00	Base Rate Fee Four	th Group	e	0.00	
Dase Nate 66 millio	Jup	\$	0.00	Dase Rate I de l'Oui	ит Отоир	\$	3.00	
Base Rate Fee: Add th		te fees for each subs	criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC.	ABLE SYSTEM:					007415	Name
BLOCK A	: COMPUTATION (OF BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED TWENTY-FIRS	ST SUBSCRIBER GROU	JP	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
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							Surcharge
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					 		Stations
Fotal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Sicos recoupts i not Group		0.00	Cross receipts eed	ona Group			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWENTY-THIF	RD SUBSCRIBER GROU	JP	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
	CALL SIGN				I CALL SIGN	0	
CALL SIGN DSE	CALL SIGN	DSE	COMMUNITY/ ARE	DSE	CALL SIGN		
	CALL SIGN				CALL SIGN	0	
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CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group Base Rate Fee Third Group		DSE	CALL SIGN Total DSEs	DSE		0 DSE	

PEFES FOR EACH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA COMPUTATION CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant		COMPUTATION OF	BLOCK A:	· · · · · · · · · · · · · · · · · · ·
COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant				
CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant	'	SUBSCRIBER GROUP	TWENTY-FIFTH	ONE HUNDRED TW
CALL SIGN DSE CALL SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant	0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant				
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Total DSEs 0.00	0.00	1		Total DSEs
Gross Receipts Second Group \$ 0.00	0.00	\$	irst Group	Gross Receipts First
				
Base Rate Fee Second Group \$ 0.00	0.00	\$	irst Group	Base Rate Fee First
ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP	١	SUBSCRIBER GROUP	ENTY-SEVENTH	NE HUNDRED TWEN
COMMUNITY/ AREA	0		REA	COMMUNITY/ AREA
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Total DSEs 0.00	0.00			Total DSEs
				TUIAI DOES
Gross Receipts Fourth Group \$ 0.00	0.00	\$	hird Group	Gross Receipts Third
Base Rate Fee Fourth Group \$ 0.00	0.00	\$	hird Group	Base Rate Fee Third

	007415	S				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNER CABLE ONE, INC.
i		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
_ ^		SUBSCRIBER GROUP	THIRTIETH	ONE HUNDRED		SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED TWEN
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIR
) 	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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_	0.00	\$	Group	Gross Receipts Fourth	0.00	3	oroup	Gross Receipts Third G

	YSTEM ID# 007415	S				_E 5Y51EM:	R OF CABL	CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl
0)	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED THIR)	SUBSCRIBER GROUF	RTY-THIRD	ONE HUNDRED THIF
and	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THI	UP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED THIR
					_			
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN
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		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
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	YSTEM ID# 007415	S			<u>'</u>	LE SYSTEM:		LEGAL NAME OF OWNE
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED THIR		SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED THIRTY-
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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-	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED	JP	SUBSCRIBER GROU	ΓY-NINTH	ONE HUNDRED THIRT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	YSTEM ID# 007415					LE SYSTEM:		CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl
		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED FOR)	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED FOR
9 Computation of	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
]		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FOR)	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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		CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN Total DSEs	
	DSE	CALL SIGN		CALL SIGN		CALL SIGN			

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LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007415 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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