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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

Return completed workbook by email to:

coplicsoa@loc.gov

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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | | | | |
|----------------------|--|--------------------|-----------------------------|----------------|--|--|--|--|--|
| Accounting Period | 2019/1 | | | | | | | | |
| B 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 submit a single statement of account and royalty fee payment covering the entire accounting period Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 00741 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | | |
| | CABLE ONE, INC. | | | | | | | | |
| | | | | 00741720191 | | | | | |
| | 210 E. EARLL DRIVE PHOENIX, AZ 85012-2626 | | | 2010/1 | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of | • | | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: 19201 Pineville Rd - 786 Martin Luther King Blvd (Number, street, rural route, apartment, or suite number) LONG BEACH, MS 39560 - BILOXI, MS 39530 - PA (City, town, state, zip code) | | | wer 1818 | | | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the frst comm | nunity served below and rel | ist on page 1b | | | | | |
| Area Served | with all communities. CITY OR TOWN | STATE | | | | | | | |
| First | GULFPORT | MS | | | | | | | |
| Community | Below is a sample for reporting communities if you report multiple cha | | | | | | | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | | | | | |
| Sample | Alda | MD | A | 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.

| FORM SA3E. PAGE 1b. | | | | | | | | |
|--|-------------------|--------------------|------------|------------------------|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | |
| CABLE ONE, INC. | | | 007417 | | | | | |
| Instructions: List each separate community served by the cable system. A "community | is the same as a | "community unit" | | | | | | |
| in FCC rules: "a separate and distinct community or municipal entity (including unincorp | orated communitie | es within unincorp | orated | D | | | | |
| areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs | | | as a form | Area Served | | | | |
| 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., or | | | | | | | | |
| all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9). | | | | | | | | |
| When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and | | | | | | | | |
| (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by | | up doolghated by t | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | | | | | |
| GULFPORT | MS | AD | 4 | First | | | | |
| BILOXI | MS | AA | 3 | Community | | | | |
| D'IBERVILLE | MS | AA | 3 | | | | | |
| ESCATAWPA | MS | AE | 2 | | | | | |
| GAUTIER | MS | AE | 2 | | | | | |
| HARRISON COUNTY | MS | AD | 3 | See instructions for | | | | |
| HANCOCK CO-DIAMONDHEAD | MS | AC | 5 | additional information | | | | |
| HARRISON COUNTY-DIAMONDHEAD | MS | AD | 4 | on alphabetization. | | | | |
| KEESLER AFB | MS | AA | 3 | | | | | |
| LONG BEACH | MS | AD | 4 | | | | | |
| | | | | | | | | |
| MOSS POINT | MS | AE | 2 | Add rows as necessary. | | | | |
| NORTH BILOXI (HARRISON COUNTY) | MS | AA | 3 | | | | | |
| NORTH BILOXI (JACKSON COUNTY) | MS | AB | 1 | | | | | |
| OCEAN SPRINGS | MS | AB | 1 | | | | | |
| PASCAGOULA | MS | AE | 2 | | | | | |
| PASS CHRISTIAN | MS | AD | 4 | | | | | |
| VANCLEAVE | MS | AB | 6 | | | | | |
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Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007417

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.

| BL | OCK 1 | | BLOCK 2 | | | | |
|--|-----------------------|-------------|---------------------|-----------------------|------------|--|--|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | | |
| Residential: | | | | | | | |
| Service to first set | 27,830 | 20.00-84.00 | HOSPITALS | 1,114 | 7.99-30.62 | | |
| Service to additional set(s) | | | CASINOS | 3,233 | 6.12-28.39 | | |
| FM radio (if separate rate) | | | NURSING HOMES | 261 | 8.00-17.41 | | |
| Motel, hotel | 6,408 | 3.31-17.41 | | | | | |
| Commercial | 1,511 | 18.65-94.00 | | | | | |
| Converter | | | | | | | |
| Residential | | | | | | | |
| Non-residential | | | | | | | |
| | I | Ţ - | | | | | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| | BLOCK 2 | | | | |
|---|-------------|-------------------------------|-------------|---------------------|----------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | |
| Pay cable | 15.00-44.00 | Motel, hotel | COST PLUS | SHOWTIME | \$ 18.00 |
| Pay cable—add'l channel | 9.00-40.00 | Commercial | COST PLUS | TIER DELUXE | \$ 44.00 |
| Fire protection | \$ 4.00 | Pay cable | COST PLUS | DVP | \$ 15.00 |
| Burglar protection | | Pay cable-add'l channel | \$ 4.00 | CINEMAX | \$ 18.00 |
| Installation: Residential | | Fire protection | | MOVIE CHANNEL | \$ 18.00 |
| First set | 0-90.00 | Burglar protection | | НВО | \$ 18.00 |
| Additional set(s) | 30.00-60.00 | Other services: | | STARZ | \$ 18.00 |
| • FM radio (if separate rate) | | Reconnect | 0.00-90.00 | | |
| Converter | | Disconnect | | | |
| | | Outlet relocation | \$ 60.00 | | |
| | | Move to new address | 30.00-60.00 | | |
| | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007417 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WDSU** 43 Ν Yes **NEW ORLEANS, LA WKRG** 20 Ν No MOBILE, AL See instructions for additional information WKRG-SIMUL MOBILE, AL 27 Ν No on alphabetization. No WLOX-1 13 N-M **BILOXI, MS** WLOX-1-SIMUL 13 N-M No **BILOXI, MS** WLOX-2 13 N-M No **BILOXI, MS** WLOX-2-SIMUL 13 N-M No BILOXI, MS WLOX-3 13 I-M No BILOXI, MS **WMAH** 16 Ε No **BILOXI, MS** Ν WWL 36 Yes 0 **NEW ORLEANS, LA** WXXV-1 48 I-M No **GULFPORT, MS** WXXV-1-SIMUL 48 I-M No **GULFPORT, MS** WXXV-2 48 N-M No **GULFPORT, MS WYES** 11 Ε Yes 0 **NEW ORLEANS, LA** WXXV-2-SIMUL 48 N-M No **GULFPORT, MS** WDSU-SIMUL 43 Ν No **NEW ORLEANS, LA**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
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 specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | CHANN | EL LINE-UP | AB | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WDSU | 43 | N | Yes | 0 | NEW ORLEANS, LA |
| WKRG | 20 | N | No | | MOBILE, AL |
| WKRG-SIMUL | 27 | N | No | | MOBILE, AL |
| WLOX-1 | 13 | N-M | No | | BILOXI, MS |
| WLOX-1-SIMUL | 13 | N-M | No | | BILOXI, MS |
| WLOX-2 | 13 | N-M | No | | BILOXI, MS |
| WLOX-2-SIMUL | 13 | N-M | No | | BILOXI, MS |
| WLOX-3 | 13 | I-M | No | | BILOXI, MS |
| WMAH | 16 | E | No | | BILOXI, MS |
| WXXV-1 | 48 | I-M | No | | GULFPORT, MS |
| WXXV-2 | 48 | N-M | No | | GULFPORT, MS |
| | | | | | |
| WYES | 11 | E | Yes | 0 | NEW ORLEANS, LA |
| WXVO-LD | 13 | I | No | | PASCAGOULA, MS |
| WGUD-LD | 51 | I | No | | PASCAGOULA, MS |
| WXXV-1-SIMUL | 48 | I-M | No | | GULFPORT, MS |
| WDSU-SIMUL | 43 | N | No | | NEW ORLEANS, LA |

G

Primary Transmitters: Television

| FURM SAJE. PAGE 3. | | | | | CVCTEM ID# | |
|---|--|---|---|--|--|--|
| CABLE ONE, II | | YSTEM: | | | SYSTEM ID# 007417 | Name |
| PRIMARY TRANSMITT | | ON . | | | | |
| In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases | G, identify ever system during t ions in effect of 5.61(e)(2) and (sis, as explaine | y television st he accounting n June 24, 19 (4), or 76.63 (ed in the next | g period, except 81, permitting th referring to 76.6 paragraph. | (1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a substitute program | Primary Transmitters: Television |
| basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 4: If the st planation of local servic Column 5: If you heable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | CC rules, regular here in space only on a substand also in spatioformation concurrent. The station's call associated with associated with a channel number of the station's call associated with a channel number of the station and the station are action is outside the cast, "E" (for not expected in a country the distant static ion on a part-tilicition of a distant at a country transpanding to the casts, also incree categories are location of early as the station of a distant at a country transpanding the categories are location of early transpanding the categories are location of early transpanding the categories are location of early transpanding t | ations, or auth G—but do lis titute basis. ace I, if the state arming substitions are I, if the state arming substitions are I, if the state arming substition act at a station act are I armin | tit in space I (the ation was carried tute basis station report origination coording to its own to be reported in the assassigned to annel 4 in Wash tation is a network (the assassion of the annel 4 in Wash tation is a network), "N-M" (I educational), of egeneral instructive area, (i.e. "or general instructive area, incomplete accounting period ause of lack of a seam that is not some 30, 2009, be ssociation repreyou carried the or U.S. stations, | de Special Statement de both on a substitus, see page (v) on program service er-the-air designation of the television statistington, D.C. This both station, an indefor network multicur "E-M" (for noncontions located in the inplete column 5, so de Indicate by entictivated channel of subject to a royalty steween a cable system of the primary channel on any of instructions locate list the community | ent and Program Log)—if the sute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example con for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The pap | Television |
| Note: If you are utilizing | ng multiple chai | • | • | • | channel line-up. | |
| | 1 | CHANN | EL LINE-UP | AB CONT'D | | |
| 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 | |
| WXXV-2-SIMUL | 48 | N-M | No | | GULFPORT, MS | |
| | | | | | | |
| | | | | | | |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name
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 specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel 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 |
| KGLA | 42 | N | No | | HAMMOND, LA |
| WDSU | 43 | N | No | | NEW ORLEANS, LA |
| WGNO | 26 | N | No | | NEW ORLEANS, LA |
| WHNO | 21 | I | No | | NEW ORLEANS, LA |
| WKRG | 20 | N | Yes | 0 | MOBILE, AL |
| WKRG-SIMUL | 27 | N | No | | MOBILE, AL |
| WLOX-1 | 13 | N-M | No | | BILOXI, MS |
| WLOX-SIMUL | 13 | I-M | No | | BILOXI, MS |
| WMAH | 16 | Е | No | | BILOXI, MS |
| WPXL | 50 | I | No | | NEW ORLEANS, LA |
| WUPL | 24 | I | No | | SLIDELL, LA |
| WVUE | 8 | I | No | | NEW ORLEANS, LA |
| WWL | 36 | N | No | | NEW ORLEANS, LA |
| WXXV-1 | 48 | I-M | No | | GULFPORT, MS |
| WXXV-3 | 48 | I-M | No | | GULFPORT, MS |
| WYES | 11 | E | No | | NEW ORLEANS, LA |
| WDSU-SIMUL | 43 | N | No | | NEW ORLEANS, LA |
| WMAH-SIMUL | 16 | Е | No | | BILOXI, MS |

G

Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | ACCOUNTI | NG PERIOD: 2019/1 |
|--|--|--|--|---|---|---|
| LEGAL NAME OF OWN | ER OF CABLE SY | STEM: | | | SYSTEM ID# | |
| CABLE ONE, IN | IC. | | | | 007417 | Name |
| PRIMARY TRANSMITTE | RS: TELEVISIO | DN . | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC | ystem during the cons in effect or .61(e)(2) and (-is, as explaine tations: With records regular to the constant of the consta | ne accounting In June 24, 19i June 24, 19i June 24, 19i June 26, 19i J | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: | (1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c | 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 | G Primary Transmitters: Television |
| basis. For further int in the paper SA3 for Column 1: List each each multicast stream | formation conc rm. h station's call associated with | erning substit sign. Do not r n a station acc | ute basis station report origination cording to its over | ns, see page (v) of n program services er-the-air designat | ute basis and also on some other fithe general instructions located s such as HBO, ESPN, etc. Identify ion. For example, report multi- | |
| 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 state planation of local service Column 5: If you ha cable system carried the carried the distant static For the retransmissiof a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the service of which we have the col | e channel number. For example stem carried the in each case we entering the least), "E" (for not se terms, see pation is outside the cearea, see pawe entered "Ye de distant station of a distant entered into or a primary transport is imulcasts, also ree categories, a location of each canadian statio | per the FCC he, WRC is Charle station. Whether the station whether the state "N" (for no commercial page (v) of the the local servinge (v) of the es" in column on during the same basis becamulticast street or before Jumitter or an asto enter "E". If see page (v) ch station. Foons, if any, givenel line-ups, | as assigned to tannel 4 in Wash ation is a netwo etwork), "N-M" (if a educational), o e general instructive area, (i.e. "o general instructive area, to accounting perioduse of lack of a eam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, if e the name of thuse a separate in the separat | the television stati- ington, D.C. This ington, D.C. This in the station, an indefor network multicar "E-M" (for nonco- ctions located in the stations located in the mplete column 5, so d. Indicate by entictivated channel of subject to a royalty state a cable system a cable system a cable system and on any otinistructions locate list the community with space G for each | paper SA3 form. stating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. | |
| | | CHANN | EL LINE-UP | AC CONT'D | | |
| 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 | |
| WXXV-1-SIMUL | 48 | I-M | No | | GULFPORT, MS | |
| WXXV-3-SIMUL | 48 | N-M | No | | GULFPORT, MS | |
| WPXL-SIMUL | 50 | l | No | | NEW ORLEANS, LA | |
| WVUE-2 | 8 | I | No | | NEW ORLEANS, LA | |
| WGNO-SIMUL | 26 | N | No | | NEW ORLEANS, LA | |
| WNOL-2 | 15 | I | No | | NEW ORLEANS, LA | |
| | | | | | | |
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name

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 specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast)

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | 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 |
| WDSU | 43 | N | No | | NEW ORLEANS, LA |
| WDSU-SIMUL | 43 | N | No | | NEW ORLEANS, LA |
| WGNO | 26 | N | No | | NEW ORLEANS, LA |
| WKRG | 20 | N | No | | MOBILE, AL |
| WKRG-SIMUL | 27 | N | No | | MOBILE, AL |
| WLOX-1 | 13 | N-M | No | | BILOXI, MS |
| WLOX-1-SIMUL | 13 | N-M | No | | BILOXI, MS |
| WLOX-2 | 13 | N-M | No | | BILOXI, MS |
| WLOX-2-SIMUL | 13 | N-M | No | | BILOXI, MS |
| WLOX-3 | 13 | I-M | No | | BILOXI, MS |
| WMAH | 16 | E | No | | BILOXI, MS |
| WWL | 36 | N | No | | NEW ORLEANS, LA |
| WXXV-1 | 48 | I-M | No | | GULFPORT, MS |
| WXXV-1-SIMUL | 48 | I-M | No | | GULFPORT, MS |
| WXXV-2 | 48 | N-M | No | | GULFPORT, MS |
| WYES | 11 | E | Yes | 0 | NEW ORLEANS, LA |
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G

Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | | NG PERIOD: 2019/ |
|---|---|---|---|---|---|------------------------------------|
| LEGAL NAME OF OWN | | STEM: | | | SYSTEM ID# 007417 | Name |
| CABLE ONE, IN | | | | | 007417 | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate 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 | G, identify every system during the ions in effect or 6.61(e)(2) and (6.5is, as explaine stations: With record only on a substand also in spationary and also in spationary and associated with the ineach case were entered "Ye in each case were entered "Ye in each case were entered "Ye he distant static ion on a part-tirition of a distant at entered into or a primary transistance incation of each casts, also are categories, election of each categories, and in effect of each categories, also are categories, also are categories, also are categories, also are categories, and categories, and categories, and categories, also are categories. | y television standard accounting in June 24, 194, or 76.63 (in d in the next present to any attions, or auth G—but do listitute basis. In the standard account in a station account in a station account in a station account in the station. In the station in the station in the local service (v) of the service in column in during the same basis becamulticast stream or before Jumitter or an account in the station. In the station in the station. In the station is see page (v) of the see page (v) of station. For the station is see page (v) of station. | g period, except 81, permitting the feferring to 76.6 paragraph. If distant stations orizations: It it in space I (the fittion was carried that the fermion of the fittion was carried that the fittion was carried that the fittion was carried to the fittion was carried to the fittion was station or cording to its own be reported in order or cording to its own that is a network of the general instruction of the fittion of the general instruction of the general instruction. | (1) stations carried to carriage of certa 1(e)(2) and (4))]; as carried by your case special Statement of both on a substitute, see page (v) on program services er-the-air designation of the television statistington, D.C. This book station, an indefor network multicute or "E-M" (for noncontrol located in the distant"), enter "Yesions located in the inplete column 5, so d. Indicate by entictivated channel of subject to a royalty stween a cable system in the primal channel on any of instructions located list the community | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system | G Primary Transmitters: Television |
| 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 | AD CONT'D | | |
| 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 | |
| WMAH-SIMUL | 16 | E | No | , , , | BILOXI, MS | |
| WXXV-2-SIMUL | 48 | N-M | No | | GULFPORT, MS | |
| WXXV-3-SIMUL | 48 | N-M | No | | GULFPORT, MS | |
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name
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 specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | 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 |
| WGUD-LD | 51 | ı | No | | PASCAGOULA, MS |
| WKFK-LD | 7 | ı | No | | PASCAGOULA, MS |
| WKRG | 20 | N | No | | MOBILE, AL |
| WKRG-SIMUL | 27 | N | No | | MOBILE, AL |
| WLOX-1 | 13 | N-M | No | | BILOXI, MS |
| WLOX-1-SIMUL | 13 | N-M | No | | BILOXI, MS |
| WLOX-2 | 13 | N-M | No | | BILOXI, MS |
| WLOX-2-SIMUL | 13 | N-M | No | | BILOXI, MS |
| WLOX-3 | 13 | I-M | No | | BILOXI, MS |
| WMAH | 16 | E | No | | BILOXI, MS |
| WPMI | 15 | N | No | | MOBILE, AL |
| WPMI-SIMUL | 15 | N | No | | MOBILE, AL |
| WXXV-1 | 48 | I-M | No | | GULFPORT, MS |
| WXXV-1-SIMUL | 48 | I-M | No | | GULFPORT, MS |
| WXXV-2 | 48 | N-M | No | | GULFPORT, MS |
| WXXV-2-SIMUL | 48 | N-M | No | | GULFPORT, MS |
| WXXV-3 | 48 | I-M | No | | GULFPORT, MS |
| WMAH-SIMUL | 16 | E | No | | BILOXI, MS |

G

Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | ACCOUNTI | NG PERIOD: 2019/1 |
|---|-----------------------------------|--------------------------------|---------------------------------------|---|---|-----------------------------|
| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, IN | NC. | | | | 007417 | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| carried by your cable s | system during t | , he accountino | g period, except | (1) stations carrie | and low power television stations) d only on a part-time basis under ain network programs [sections | G |
| . , . , . , . , . , . , . , . , . , . , | | , | • | 1(e)(2) and (4))]; a | and (2) certain stations carried on a | Primary |
| substitute program bas Substitute Basis S | | | | s carried by your c | able system on a substitute program | Transmitters: Television |
| | here in space | G-but do lis | | ne Special Stateme | ent and Program Log)—if the | |
| | and also in spa formation cond | ace I, if the sta | | | ute basis and also on some other f the general instructions located | |
| · · | | sign. Do not i | report origination | n program services | s such as HBO, ESPN, etc. Identify | |
| | | | • | • | tion. For example, report multi- n stream separately; for example | |
| Column 2: Give the its community of licens | se. For example | e, WRC is Ch | - | | on for broadcasting over-the-air in may be different from the channel | |
| on which your cable sy Column 3: Indicate | | | tation is a netwo | ork station, an inde | pendent station, or a noncommercial | |
| educational station, by (for independent multid | entering the lecast), "E" (for n | tter "N" (for n oncommercia | etwork), "N-M" (I educational), c | for network multic or "E-M" (for nonco | ast), "I" (for independent), "I-M" mmercial educational multicast). | |
| For the meaning of the Column 4: If the standard planation of local servi | ation is outside | the local ser | vice area, (i.e. "d | distant"), enter "Ye | es". If not, enter "No". For an ex- | |
| | | | | | stating the basis on which your | |
| carried the distant stat | ion on a part-ti | me basis beca | ause of lack of a | ectivated channel o | ering "LAC" if your cable system capacity. payment because it is the subject | |
| | | | | | stem or an association representing | |
| , | | | • | • . | ry transmitter, enter the designa- | |
| ` ' ' | | | • | • | her basis, enter "O." For a further d in the paper SA3 form. | |
| Column 6: Give the | e location of ea | ch station. Fo | or 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. | |
| recorn you are amen | | • • | • | | onamor imo ap. | |
| | | | EL LINE-UP | | | |
| 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) | | |
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| FORM SA3E. PAGE 3. | | | | | | |
|--|--|--|--|--|--|------------------------------------|
| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 007417 | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | |
| In General: In space (carried by your cable serviced by your your your your your your your you | G, identify every system during the constructions in effect on the construction of the | y television st he accounting h June 24, 19 4), or 76.63 (r d in the next 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 has, WRC is Cha- te, WRC is Cha- te, WRC is Cha- ter station. whether the state of the state of the station. whether the state of the state of the state of the state of the page (v) of the state of the stat | period, except 81, permitting the referring to 76.6 paragraph. or distant stations orizations: to the time the station was carried ute basis station cording to its over the station was assigned to annel 4 in Wash ation is a network ation is a network etwork), "N-M" (I educational), core general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive of the provided in the station of the station is a network or general instructive area, (i.e. "or general instructive or gene | (1) stations carried the carriage of certa- (1(e)(2) and (4))]; as a carried by your cone. Special Statement of the Speci | es". If not, enter "No". For an ex- | G Primary Transmitters: Television |
| carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the | ion on a part-tiion of a distant t entered into o a primary trans simulcasts, also ree categories e location of ea | me basis beca multicast stren n or before Jumitter or an aco penter "E". If , see page (v) ch station. Fo | ause of lack of a eam that is not s ine 30, 2009, be association repre you carried the of the general in r U.S. stations, | activated channel of subject to a royalty etween a cable sys- esenting the primal channel on any of instructions locate list the community | tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further in the paper SA3 form. y to which the station is licensed by the which the station is identifed. | |
| Note: If you are utilizing | | nnel line-ups, | | space G for each | | |
| 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. | | | | • | | |
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| LEGAL NAME OF OWNER OF CABLE SYST | ГЕМ: | | SYSTEM ID# | Name | | |
| CABLE ONE, INC. | | | 007417 | | | |
| 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), 07.661(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). Fcr (for noncommercial educational), or "E-M" (for noncommercial educational multica | | | | | | |
| FCC. For Mexican or Canadian stations, Note: If you are utilizing multiple channe | | · · | | | | |
| Note. If you are utilizing multiple channe | | • | спаппетше-ир. | | | |
| | CHANNEL LINE-UP | | | | | |
| SIGN CHANNEL | TYPE 4. DISTANT? OF (Yes or No) STATION | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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| FORM SA3E. PAGE 3. | | | | | | | | |
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| | WNER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | | |
| CABLE ONE | • | | | | 007417 | | | |
| 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 | | | | | | | | |
| Substitute Basis Stations: With respect to any obtaint stations: 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-N" (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 s | | | | | | | | |
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| 1. CALL SIGN | | | | | | | | |
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| FORM SA3E. PAGE 3. | | | | | | |
|--|--|---|---|---|---|------|
| LEGAL NAME OF OWN | NER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 007417 | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | N | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.65(9()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 by our cable system on a substitute basis. ror further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multic | | | | | | |
| tion "E" (exempt). For explanation of these the Column 6: Give the | simulcasts, also nree categories e location of ea Canadian statio | o enter "E". If , see page (v) ch station. Fo ns, if any, givennel line-ups, | you carried the of the general r U.S. stations, e the name of the | channel on any of instructions locate list the community he community with space G for each | her basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the which the station is lidentifed. | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
| | NUMBER | STATION | | (If Distant) | | |
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| FORM SA3E. PAGE 3. | | | | | | | | |
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| LEGAL NAME OF OW | | STEM: | | | SYSTEM ID# | Name | | |
| CABLE ONE, I | | | | | 007417 | | | |
| carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program be Substitute Basis basis under specifc F • Do not list the statio station was carried • List the station here | G, identify every system during that tions in effect or 6.61(e)(2) and (asis, as explaine Stations: With In CC rules, regular here in space donly on a substant also in spa | y television strand accounting in June 24, 1944), or 76.63 (r d in the next prespect to any attons, or auth G—but do list titute basis. | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the stion was carried | (1) stations carried carriage of certal (e)(2) and (4))]; as carried by your case Special Statement both on a substiff | a and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the tute basis and also on some other af the general instructions located | G Primary Transmitters: Television | | |
| in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station 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 explan | | | | | | | | |
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| 1. CALL SIGN | | | | | | | | |
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| LEGAL NAME OF OWN | NER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, IN | NC. | | | | 007417 | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | |
| 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), 76.63 (e)(2) and (4), 76.63 (e | | | | | | |
| FCC. For Mexican or 0 | Canadian statio | ns, if any, giv | e the name of the | ne community with | which the station is identifed. | |
| 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 | 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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| LEGAL NAME OF OW | NER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, | NC. | | | | 007417 | |
| PRIMARY TRANSMIT | TERS: TELEVISIO | ON | | | | |
| In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute Basis basis under specific F • Do not list the station station was carried • List the station here basis. For further in the paper SA3 f Column 1: List ea each multicast stream as "WET WETA-simulcast). Column 2: Give this community of licer on which your cables Column 3: Indicated educational station, by (for independent multifor independent multifor the meaning of the Column 4: If the seplanation of local semental carried the distant stafor the retransmis of a written agreement the cable system and | G, identify every system during the titions in effect or 16.61(e)(2) and (easis, as explaine Stations: With record only on a subset only on a subset of a subset o | y television standard accounting in June 24, 194, or 76.63 (rd din the next) respect to any ations, or auth G—but do list titute basis. In the standard accounting the station account as treams must be the FCC in the station. Whether the station account a | period, except period, except period, except per period, except per | (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the Special | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | Primary Transmitters: Television |
| the cable system and tion "E" (exempt). For explanation of these Column 6: Give the | a primary transitions in simulcasts, also three categories in location of ear Canadian statio | mitter or an as be enter "E". If , see page (v) ch station. Fo ns, if any, givennel line-ups, | ssociation repre you carried the of the general r U.S. stations, e the name of th | esenting the primal channel on any of 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 | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | 0. LOCATION OF STATION | |
| 1 | NUMBER | STATION | (1000) | (If Distant) | | |
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| LEGAL NAME OF OW | | STEM: | | | SYSTEM ID# | Name | | |
| CABLE ONE, I | | | | | 007417 | | | |
| carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis basis under specifc F • Do not list the station station was carried • List the station here. | G, identify every system during the titons in effect or 6.61(e)(2) and (asis, as explaine Stations: With the CC rules, regular here in space only on a substant also in spa | y television strand accounting in June 24, 1944), or 76.63 (r d in the next prespect to any attons, or auth G—but do list titute basis. | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the stion was carried | (1) stations carried carriage of certa 1(e)(2) and (4))]; as carried by your case Special Statement both on a substitution of the carried by the statement but on a substitution of the carried but of the carried | and low power television stations) Id 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 If the general instructions located | G Primary Transmitters: Television | | |
| basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station 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 cable system and a primary transmitter or an asso | | | | | | | | |
| Trote: If you are utilize | ng malapic chai | • | • | <u> </u> | onamici inic up. | | | |
| 1. CALL SIGN | | | | | | | | |
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| LEGAL NAME OF OWN | NER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 007417 | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.63 (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), "I" (for independent), "I-M" (for independent multicast). "For on homeomercial educational in the paper SA3 form. Column 4: If the station is outside the local service | | | | | | |
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| Note: If you are utilizing | ig multiple char | • | • | • | channel line-up. | |
| | <u> </u> | CHANN | EL LINE-UP | AU | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| LEGAL NAME OF OWN | NER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 007417 | |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.66.16(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multi | | | | | | |
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| 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 | 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 | |
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| LEGAL NAME OF OW | | STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, | NC. | | | | 007417 | · · |
| PRIMARY TRANSMIT | TERS: TELEVISIO | ON | | | | |
| In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute Basis basis under specific F Do not list the station station was carried. List the station here basis. For further in the paper SA3 f Column 1: List ea each multicast stream cast stream as "WET WETA-simulcast). Column 2: Give the its community of licer on which your cables Column 3: Indicated aducational station, be (for independent multifor the meaning of the Column 5: If you cable system carried the distant state For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give the substitution of these Column 6: Give the cable System and tion "E" (exempt). For explanation of these Column 6: Give the Column 6 | G, identify even system during the system during the titions in effect or 6.61(e)(2) and (esis, as explaine Stations: With a CC rules, regular here in space of only on a subset, and also in spanformation concorm. Ch station's call a sassociated with A-2". Simulcast me channel numbers are carried the ein each case of yentering the legicast), "E" (for necesse terms, see that in some system carried the distant station is outside vice area, see parave entered "Ye the distant station on a part-titision of a distant at entered into on a primary trans a simulcasts, also three categories are location of each | y television standard and accounting in June 24, 194, or 76.63 (in doing in June 24, 194), or 76.63 (in doing in June 24, 194), or 76.63 (in doing in June 24, 194), or and actions, or authors of the station account in a station account in a station account in a station account in a station. Whether the station in commercial page (v) of the local service in column in during the same basis becamulticast stream or before June 24, see page (v) of the service in column in during the same basis becamulticast stream or before June 25 enter "E". If it is see page (v) of station. For | 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 be reported in the referring to the period of the period | (1) stations carried to carriage of certa- tile (2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation column 1 (list each the television statistington, D.C. This book station, an indefor network multicor "E-M" (for noncontrol located in the distant"), enter "Ye ions located in the mplete column 5, and Indicate by enteriorated in the subject to a royalty steween a cable systement of the primal channel on any of instructions located list the community | es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If to which the station is licensed by the | Primary Transmitters: Television |
| Note: If you are utiliz | | | | • | n which the station is identifed. channel line-up. | |
| | | CHANN | EL LINE-UP | AR | | |
| 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 | NER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 007417 | |
| PRIMARY TRANSMITT | 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 (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), | | | | | | |
| explanation of these the Column 6: Give the | nree categories e location of ea Canadian statio | , see page (v) ch station. Fo ns, if any, giv nnel line-ups, | of the general r U.S. stations, e the name of the | instructions locate list the community ne community with space G for each | d in the paper SA3 form. I to which the station is licensed by the which the station is identifed. | |
| 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 | NER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| CABLE ONE, II | NC. | | | | 007417 | |
| 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 base Substitute Basis is 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 multicast stream cast stream as "WETA-simulcast). | ERS: TELEVISION G., identify even system during the ions in effect on 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular there in space only on a substand also in spationmation concurrent. The station's call associated with a call. | y television stane accounting of June 24, 199 (4), or 76.63 (for the next prespect to any stions, or auth G—but do list titute basis. Ince I, if the stanerning substitute sign. Do not reast a station accept the stanerning substitute as the stanerning substitute sign. Do not reast a station accept streams must | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its ov- | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each | and low power television stations) Id 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 if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in 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 with which the station is identifed. Note: If you are utilizin | | | | | | |
| | | CHANN | EL LINE-UP | AT | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007417 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 | FEM: | | | \$ | 6YSTEM ID# 007417 | Name | | |
| SUBSTITUTE CARRIAGE | | | | | n that your cable system | carried on a | I | | |
| substitute basis during the ac | 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 CONCERNING SUBSTITUTE CARRIAGE 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" | | rest of this pag | ge blank. If your answer is | 'Yes," you mu | | | Program Log | | |
| period, was broadcast by a under certain FCC rules, reg SA3 form for futher informat titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | itute progra ce, please a of every nor distant stati gulations, o cion. Do nor ucy" or "NB n was broad sign of the s dcast statio adian statio th and day re "5/7." es when the Example: a er "R" if the nd regulatio | am on a separa attach additionannetwork televion and that your authorization the use general of the additional that your authorization that your and the additional that your and the additional that your shall be added to the additional that your systems are substitute program carrillisted program ons in effect du | al pages. ision program (substitute pur cable system substitute s. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01: was substituted for programing the accounting period | rogram) that, d for the progeral instructio "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:2 mming that ye; enter the lett | during the accounting ramming of another stat ns located in the paper List specific program nsed by the FCC or, in tiffied). numerals, with the more List the times accurated 8:30 p.m. should be our system was required ter "P" if the listed pro | ion ith y | | | |
| 9 | I IBSTITI IT | E PROGRAM | 1 | | EN SUBSTITUTE IAGE OCCURRED | 7. REASON | | | |
| TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | | 5. MONTH AND DAY | 6. TIMES FROM — TO | FOR DELETION | | | |
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| LEG | AL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | Name | | | | | |
|--|--|----------------|--------------|---|--|--|--|--|--|
| CA | BLE ONE, INC. | | 007417 | Name | | | | | |
| Ins all a (as | 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) | | | | | | | | |
| IMI | during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 7,538,022.00 (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. | | | | | | | | | |
| | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below. | e entered on l | ine 1 of | | | | | | |
| | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow. | entered on lin | e 2 in block | | | | | | |
| | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | uld be entere | d on line | | | | | | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K 7,538,022.00 | | | | | | | | |
| | Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. | | | | | | | | |
| | This is your minimum fee. | \$ | 80,204.55 | | | | | | |
| Block 2 | · | | | | | | | | |
| Block 3 | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero | _\$ | 18,561.51 | | | | | | |
| | 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 | \$ | 18,561.51 | | | | | | |
| 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 | \$ | 80,204.55 | 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. | r | 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 the Licensing | | | | | |
| | Line 4. FILING FEE | | | | | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | 80,929.55 | 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) o | of the | | | | | | |

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007417

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."

| | | DATI | ES AND HOURS | OF PART-TIME CA | RRIAGE | | | |
|-------------|------|---------------|--------------|-----------------|--------|------------------------|----|--|
| CALL SIGN - | WHEN | I CARRIAGE OC | | CALL SIGN | WHEN | WHEN CARRIAGE OCCURRED | | |
| | DATE | FROM | URS TO | | DATE | HOU FROM | TO | |
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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 |
|--|---|
| 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 | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) |
| 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.yyearwood@cableone.biz Fax (optional) 602-364-6013 |
| O Certifcation | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations. • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) |
| | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or |
| | 【Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or 【X】 (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)] |
| | 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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | Name | | | | |
|--|------------------------|--|--|--|--|
| CABLE ONE, INC. 007417 | | | | | |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? | | | | | |
| X NO | | | | | |
| YES. Enter the total here and list the satellite carrier(s) below | | | | | |
| Name Mailing Address Mailing Address | | | | | |
| INTEREST ASSESSMENTS | | | | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | Q | | | | |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment | | | | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | | | | | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | | | | | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | | | | | |
| (interest charge) | | | | | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | | | | | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | | | | | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. | | | | | |
| Owner Address | | | | | |
| First community served Accounting period ID number | | | | | |

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

ACCOUNTING PERIOD: 2019/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

ACCOUNTING PERIOD: 2019/1

| DSE SCHEDULE. PAG | SE 11. (CONTINUED) | | | | | | | | | | | |
|--|---|---|-------------------------------|-----------------|---------------------------|---|--|--|--|--|--|--|
| 4 | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | | | | | | |
| 1 | CABLE ONE, INC. 007417 | | | | | | | | | | | |
| | SUM OF DSEs OF CATEGOR | RY "O" STATION | S: | | | | | | | | | |
| | Add the DSEs of each station | | | | | | | | | | | |
| | Enter the sum here and in line | 1 of part 5 of this | schedule. | | 0.75 | | | | | | | |
| | I | | | | | | | | | | | |
| 2 | Instructions: In the column headed "Call S | Sign": list the call | sions of all distant stations | identified by t | he letter "O" in column 5 | | | | | | | |
| _ | of space G (page 3). | | | | | | | | | | | |
| Computation | In the column headed "DSE" | | | as "1.0"; for | each network or noncom- | | | | | | | |
| of DSEs for | mercial educational station, give | nercial educational station, give the DSE as ".25." | | | | | | | | | | |
| Category "O" | | | CATEGORY "O" STATION | | | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | | |
| | WDSU | 0.250 | | | | | | | | | | |
| | WKRG | 0.250 | | | | | | | | | | |
| | WYES | 0.250 | | | | | | | | | | |
| | | | | | | (************************************** | | | | | | |
| Add rows as | | | | | | | | | | | | |
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| necessary. | | | | | | | | | | | | |
| Remember to copy all formula into new | | | | | | | | | | | | |
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| rows. | | | | | | | | | | | | |
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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. | | | | | | | YSTEM ID# 007417 |
|---|---|--|-----------------------------------|-------------------------------------|---------------------------------|-----------------------------|---------------------------------|---------------------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form. | | | | | | | |
| Capacity | | ON OF DSEs | | | | | | |
| | 1. CALL SIGN | 2. NUMBE OF HOU CARRIE SYSTEM | R 3. N JRS C ED BY S M O | UMBER F HOURS TATION N AIR | 4. BASIS OF CARRIAG VALUE | 5. TYPE SE VALUI | E | |
| | | | | | | x | | |
| | | | | = | | | | |
| | | | | | | x x | | |
| | | | | | | x | | |
| | | | | | | x | | |
| | | | ÷ | = | : | | = | |
| ÷ = x = SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, | | | | | | | | |
| Computation of DSEs for Substitute-Basis Stations | Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). | | | | | | | |
| | | SU | S: COMPUTA | JTATION OF DSEs | | | | |
| | SIGN | NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
| | | ÷ | | = | | + | | = |
| | | ÷ | | = | | ÷ = | | = |
| | | ÷ | = | | | ÷ = | | = |
| | | ÷ | | = | | ÷ | - | = |
| | SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, | | | | | | | |
| 5 Total Number of DSEs | TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the tota number of DSEs applicable to your system. 1. Number of DSEs from part 2 ● | | | | | | | |
| | TOTAL NUMBER O | F DSEs | | | | | | 0.75 |

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

| LEGAL NAME OF C | | SYSTEM: | | | | | S | YSTEM ID# 007417 | Name | | |
|---|---|--|----------------------------------|---|-----------------|-----------------|-----------------------|---------------------|--|--|--|
| Instructions: Bloc | | plotod | | | | | | 007417 | | | |
| In block A: | | | oart 6 and part | 7 of the DSE cohe | odulo blank ar | ad complete p | art 9 (page 16) of | tho | 6 | | |
| schedule. | | | | 7 of the DSE sche | edule blatik al | ia compiete pa | arto, (page 10) or | uie | 0 | | |
| If your answer if | "No," complete blo | | | TELEVISION 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, Yes—Com | | schedule—D | OO NOT COM | PLETE THE REMA | AINDER OF F | PART 6 AND 7 | , | | | | |
| | olete blocks B and | | | | | | | | | | |
| | | BI OC | CK B: CARR | IAGE OF PERI | MITTED DS | SFs | | | | | |
| Column 1: | List the call signs | | | part 2, 3, and 4 of | | | tem was permitte | d to carry | | | |
| CALL SIGN | | ne DSE Sche | dule. (Note: Ti | ne 25, 1981. For funde letter M below reduced Act of 2010.) | • | • | | | | | |
| Column 2: BASIS OF PERMITTED CARRIAGE | BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to CARRIAGE 76.61(b)(c)] | | | | | | | | | | |
| B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1 C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d) D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). | | | | | | | | | | | |
| | E Carried pursuate *F A station pre | ant to individu viously carrie JHF station w | ual waiver of Fed on a part-tire | ne or substitute ba contour, [76.59(d)(| • | | erring to 76.61(e) | (5) | | | |
| | W retransmission | on a distan | t manioust suv | Sum. | | | | | | | |
| Column 3: | | e stations ide | ntified by the I | n parts 2, 3, and 4 etter "F" in column | | | vorksheet on pag | e 14 of | | | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | | | |
| WDSU WKRG | D D | 0.25 0.25 | | | | | 1 | | | | |
| WYES | C | 0.25 | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | 1.50 | | | |
| | | В | LOCK C: CC | MPUTATION OF | 3.75 FEE | | | | | | |
| Line 1: Enter the | e total number of | DSEs from | part 5 of this | schedule | | | | | | | |
| Line 2: Enter the | sum of permitte | d DSEs fror | n block B ab | ove | | | | | | | |
| Line 3: Subtract (If zero, I | | | | r of DSEs subject 7 of this schedu | | rate. | | | | | |
| Line 4: Enter gro | oss receipts from | space K (pa | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represent partially | | |
| Line 5: Multiply I | ine 4 by 0.0375 | and enter su | ım here | | | | x | | permited/ partially nonpermitted | | |
| Line 6: Enter tota | al number of DS | Es from line | 3 | | | | · | | carriage? If yes, see part 9 instructions. | | |
| Line 7: Multiply I | ine 6 by line 5 ar | nd enter her | e and on line | 2, block 3, spac | e L (page 7) | | | 0.00 | | | |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007417 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE 3. DSE SIGN BASIS SIGN **BASIS** BASIS SIGN Computation of 3.75 Fee **WDSU** 0.25 D **WKRG** D 0.25 С 0.25 **WYES**

| Name | CABLE ONE, IN | CABLE ONE, INC. | | | | | | | | | | | |
|---|--|------------------|--------------------|--------------------|--------------|------|---|--------------|--------------------|-----------|----------|------|--|
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections | | | | | | | | | | | | |
| | | PERMITT | ED DSE FOR S | TATIONS CARR | EC | 0 0 | ON A PART-TIME AN | ID SUBSTI | TUTE BASIS | | | _ | |
| | 1. CALL | | | | | | | | | 6. P | ERMITTED | | |
| 1 | SIGN | DSE | | PERIOD | | | CARRIAGE | [| OSE | | DSE | | |
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| 7 Computation | Instructions: Block A In block A: If your answer is | | | C. below. | | | | | | | | | |
| of the | 1 | | | | e pa | art | 8 of the DSE schedu | ule. | | | | | |
| Syndicated | | | BLO | CK A: MAJOR | Т | Εl | EVISION MARK | ET | | | | | |
| Exclusivity | | | | | | | | | | | | | |
| Surcharge | Is any portion of the c X Yes—Complete | - | • | ajor television ma | rke | et a | as defned by section 7 No—Proceed to | | rules in effect J | une 24, | 1981? | | |
| | | | | | _ | _ | | | | | | | |
| | BLOCK B: Ca | arriage of VHI | -/Grade B Conto | our Stations | | | BLOCK | C: Compu | tation of Exem | pt DSE | 3 | | |
| | Is any station listed in commercial VHF stati or in part, over the ca | ion that places | | | | n | Vas any station listed ity served by the cab o former FCC rule 76 | le system p | | | | | |
| | Yes—List each s | tation below wif | th its appropriate | permitted DSE | | | Yes—List each st | ation below | with its appropria | ate permi | tted DSE | | |
| | X No—Enter zero a | and proceed to | part 8. | | | | X No—Enter zero a | nd proceed t | o part 8. | | | | |
| | CALL SIGN | DSE | CALL SIGN | DSE | | | CALL SIGN | DSE | CALL SIG | SN | DSE | l | |
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| | | . | TOTAL DSEs | 0.00 | | | | | TOTAL DS | SEs | 0.00 | | |

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. | SYSTEM ID# 007417 | Name |
|---------------|--|----------------------|--------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 7,538,022.00 | 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. | | |
| | 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? \(\text{\text{X}} \) 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 | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| 0.5 | 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. | 007417 | | | | | | | | |
| Computation of the Syndicated Exclusivity Surcharge | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. **Instructions:** | | | | | | | | | |
| Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block 6 was checked "Yes," use the total number of DSEs from part 5. In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave blo blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subs were located within that station's local service area and others were located outside that area. For the definition of a static service area," see page (v) of the general instructions. | | | | | | | | | | | |
| | | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | | | | | | | | | |
| | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS Did your cable system retransmit the signals of any partially distant television stations during the accounting period? | | | | | | | | | | |
| | _ | X Yes—Complete part 9 of this schedule. No—Complete the 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.) | _ | | | | | | | | |
| | 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) | | | | | | | | | | |
| | | Base Rate Fee | 0.00 | | | | | | | | |

| | AME OF OWNER OF CABLE SYSTEM: E ONE, INC. | SYSTEM ID# 007417 | Name |
|-------------------|--|-------------------|---|
| | | | |
| Section 4 | 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) **S | | 8 |
| | B. Enter 0.00701 of gross receipts (the amount in section 1) | | 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 | |
| | | | |
| | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channed. | | 9 |
| In Gen | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee | | Computation |
| • | s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must: | dvantage of this | of Base Rate Fee |
| First: [| · Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to | o the same | and |
| station DSEs a | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | the number of | Syndicated Exclusivity Surcharge for |
| also co | If any portion of your cable system is located within the top 100 television market and the station is not exempt in propute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only. | | Partially Distant Stations, and |
| Step 1: | Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant stat to that community. | tion you | for Partially Permitted Stations |
| outside | For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.) | | |
| subscri | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide. | | |
| Compu groups | ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system. | tem's subscriber | |
| | section: | | |
| • Give t | ry the communities/areas represented by each subscriber group. The call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group. | of the | |
| | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in f this schedule; or, | n parts 2, 3, | |
| 2) any | contion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule. | lock B, | |
| • Add th | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group. | | |
| in the | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form. | | |
| page. DSEs f | ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form. | at is, the total | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007417 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.

| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 | |
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| FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP | _ |
| CALL SIGN DSE CA | |
| WYES 0.25 WYES 0.25 WYES 0.25 Company to the properties of the p | , POR Computation |
| WYES 0.25 | DSE of |
| Total DSEs Gross Receipts First Group 1,252,414.00 Gross Receipts Second Group 1,607,45 Base Rate Fee First Group 3 6,662.84 Base Rate Fee Second Group 5 1,607,45 | Base Rate F |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 Base Rate Fee Second Group \$ | and |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 Base Rate Fee Second Group \$ | Syndicate |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 | Exclusivit |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 Base Rate Fee Second Group \$ | Surcharge |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 Base Rate Fee Second Group \$ | for |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 Base Rate Fee Second Group \$ | Partially |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 | Distant |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 Base Rate Fee Second Group \$ | Stations |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 Base Rate Fee Second Group \$ | |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 Base Rate Fee Second Group \$ | |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 | |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 Base Rate Fee Second Group \$ | |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 Base Rate Fee Second Group \$ | |
| Gross Receipts First Group \$ 1,252,414.00 Gross Receipts Second Group \$ 1,607,45 Base Rate Fee First Group \$ 6,662.84 | 0.00 |
| Base Rate Fee First Group \$ 6,662.84 Base Rate Fee Second Group \$ | |
| | 8.00 |
| THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP | 0.00 |
| | |
| COMMUNITY/ AREA BILOXI, HARRISON COUNTY COMMUNITY/ AREA HARRISON CO (DIAMONDHEA | AD), G |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN | DSE |
| WYES 0.25 WYES 0.25 | |
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| Total DSEs Total DSEs | ı |
| Gross Receipts Third Group \$ 1,610,785.00 Gross Receipts Fourth Group \$ 2,693,49 | 0.25 |
| Base Rate Fee Third Group \$ 4,284.69 Base Rate Fee Fourth Group \$ 7,16 | |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$ 18,56 | |

| CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
|--|---------|-------------------------------|----------------------------------|----------------------|--------------|-------------------------------|---------------------|-------------------|
| В | FIFTH | COMPUTATION OF SUBSCRIBER GRO | UP | TE FEES FOR EAG | | IBER GROUP SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | OCK COUNTY (DI | | COMMUNITY/ ARE | | EAVE | | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | <u>.</u> | WDSU WYES | 0.25 0.25 | | | Base Rate Fee and |
| | | | | | | | | Syndicated |
| | | | <u> </u> | | | | | Exclusivity |
| | | | <u>-</u> | | | | | Surcharge for |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.50 | |
| Gross Receipts First G | Group | \$ 289 | ,421.00 | Gross Receipts Sec | ond Group | \$ | 84,453.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 449.29 | |
| | SEVENTH | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | _ | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Group \$ 0.00 | | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee Third Group \$ 0.00 | | 0.00 | Base Rate Fee Fourth Group \$ 0. | | | 0.00 | | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | es above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
|--|----------------------------------|----------------|--------------------|-------------------------------|-----------|-----------------|---------------------|----------------------|
| В | LOCK A: | COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | RIBER GROUP | | |
| | NINTH | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | _ | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| O'TEE GIGIT | DOL | OALL GIGIT | DOL | OF ILLE GIGIT | BOL | OALL GIGIT | DOL | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First C | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| E | LEVENTH | SUBSCRIBER GRO | UP | | TWELVTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | • | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Group \$ 0.00 | | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee Third | ase Rate Fee Third Group \$ 0.00 | | 0.00 | Base Rate Fee Fourth Group \$ | | | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | | |
|---|----------------------------------|----------------|----------------|-----------------------------------|----------------|------------------|-------------|--------------------------|--|
| | | | | ATE FEES FOR EAC | | RIBER GROUP | ID. | | |
| COMMUNITY/ ARE | | SUBSCRIBER GRO | 0 | COMMUNITY/ AREA | 0 | 9 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | Computation of | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Base Rate Fee | |
| | | | | | | | | and | |
| | | | <u> </u> | | | | | Syndicated | |
| | | | <u>-</u> | | | | | Exclusivity Surcharge | |
| | | | <u>-</u> | | | | | for | |
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| | | | | | | | | Distant | |
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| Total DSEs | | | 0.00 | Total DSEs | | Ц | 0.00 | | |
| Gross Receipts First | t 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 | | |
| | | SUBSCRIBER GRO | | II | | 1 SUBSCRIBER GRO | UP 0 | | |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | | | | | |
| 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 | 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 | | | 0.00 | | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | | |
|--|-----------|----------------|----------------|-----------------------|--|------------------|----------------|----------------------|--|
| | | | | ATE FEES FOR EAC | | | | | |
| SEV COMMUNITY/ AREA | | SUBSCRIBER GRO | UP 0 | COMMUNITY/ AREA | | 1 SUBSCRIBER GRO | UP 0 | 9 | |
| COMMUNITY AREA | | | | COMMUNITY AREA | ······································ | | | Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | of | | |
| | | | | | | | | Base Rate Fee | |
| | | - | <u></u> | | <u>.</u> | | | and Syndicated | |
| | | | . | | | | | Exclusivity | |
| | | | | | | | | Surcharge | |
| | | | <u></u> | | <u>.</u> | - | | for | |
| | | | <u> </u> | | | | | Partially Distant | |
| | | | | | | | | Stations | |
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| | | | | | | | | | |
| 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 | | |
| N | IINTEENTH | SUBSCRIBER GRO | UP | - | TWENTIETH | SUBSCRIBER GRO | UP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
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| | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | | |
| | - | | | | | | | | |
| Base Rate Fee Third | 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 OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | | | |
|---|---------|-----------------------------------|--------------|-----------------------|-----------------------------|--------------------------------|----------------|--------------------------|--|--|
| | | COMPUTATION OF SUBSCRIBER GROU | | ATE FEES FOR EACI | | RIBER GROUP SUBSCRIBER GROU | JP | _ | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 0 | 9 Computation | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | CALL SIGN DSE CALL SIGN DSE | | | | | |
| | | | | | <u></u> | | | Base Rate Fee and | | |
| | | - | | | | | | Syndicated | | |
| | | | | - | <u></u> | | | Exclusivity Surcharge | | |
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| | <u></u> | | | | | | | Partially | | |
| | | | | | <u></u> | | | Distant Stations | | |
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| | <u></u> | | | | <u></u> | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | | | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | | | |
| or out recorpts a mor | O.00p | | | | С. Сир | | | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | | | |
| | | SUBSCRIBER GRO | JP 0 | 11 | | I SUBSCRIBER GROU | JP 0 | | | |
| COMMUNITY/ AREA | | | U | COMMUNITY/ AREA | | | | | | |
| 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 | Croup | • | 0.00 | Total DSEs | h Croun | • | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | п отоир | \$ | 0.00 | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | | | |
| Base Rate Fee: Add Enter here and in bloo | | | criber group | as shown in the boxes | above. | \$ | | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | | |
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| | | | | ATE FEES FOR EAC | | | | | |
| | | SUBSCRIBER GRO | | 11 | | SUBSCRIBER GRO | | 9 | |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ AREA | | | 0 | Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | of | | |
| | | | | | | | | Base Rate Fee | |
| | | - | <u> </u> | | | | | and Syndicated | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First | t 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 | | |
| TWENT | Y-SEVENTH | SUBSCRIBER GRO | UP | TWEN | NTY-EIGHTH | SUBSCRIBER GRO | UP | | |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ AREA | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | | |
| Base Rate Fee Thire | d Group | \$ | 0.00 | Base Rate Fee Fourth Group \$ 0.00 | | | 0.00 | | |
| | | | criber group | as shown in the boxes | s above. | | | | |
| Enter here and in blo | ock 3, line 1, s | space L (page 7) | | | | \$ | | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | |
|---|--|----------------|--------------|-----------------------|-------------|------------------|----------|--------------------------|--|
| | | | | ATE FEES FOR EAC | | | ID. | | |
| COMMUNITY/ AREA | | SUBSCRIBER GRO | <u>0</u> | COMMUNITY/ AREA | | 1 SUBSCRIBER GRO | 0 | 9 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of | |
| CALL SIGN | DOE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Base Rate Fee | |
| | | | | | | | | and | |
| | | | | | | | | Syndicated | |
| | | | | - | | | | Exclusivity Surcharge | |
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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 | 4 | | 0 | COMMUNITY/ AREA | | | 0 | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
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| | | | 0.00 | | | | 0.00 | | |
| 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. | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | |
|--|--|-----------------|----------------|-----------------------|-------------|-------------------|----------------|-------------------|--|
| | | | | ATE FEES FOR EACH | | | _ | | |
| THIR' COMMUNITY/ AREA | TY-THIRD | SUBSCRIBER GROU | JP 0 | THIRT COMMUNITY/ AREA | Y-FOURTH | I SUBSCRIBER GROU | JP 0 | 9 | |
| | | | | | | | | Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
| | <u></u> | | | - | | | | Base Rate Fee and | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | İ | |
| Gross Receipts First G | Gross Receipts First Group \$ 0.00 | | | | nd Group | \$ | 0.00 | 1 | |
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| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Secon | | \$ | 0.00 | İ | |
| COMMUNITY/ AREA | RTY-FIFTH | SUBSCRIBER GROU | JP 0 | COMMUNITY/ AREA | RTY-SIXTH | I SUBSCRIBER GROU | JP 0 | İ | |
| OOMMONT IT AREA | | | | OOMMONT IT AREA | | | | İ | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | İ | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | İ | |
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| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | İ | |
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| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | 1 | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | 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 | _ |
| 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 | |
| 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 | |
| THIR | TY-NINTH | SUBSCRIBER GRO | UP | | FORTIETH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| 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. | \$ | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | |
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| | | | | ATE FEES FOR EAC | | | | | |
| | | SUBSCRIBER GRO | UP 0 | FORT | | SUBSCRIBER GROU | UP 0 | 9 | |
| COMMUNITY/ ARE | | | | COMMUNITY/ AREA | | | | Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First | 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 | | iii — | | SUBSCRIBER GROU | UP | | |
| COMMUNITY/ ARE/ | Α | | 0 | COMMUNITY/ AREA | | | 0 | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts Thire | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | | |
| Base Rate Fee Third | d 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. | \$ | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | |
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| | | | | ATE FEES FOR EACH | | | | |
| FOI COMMUNITY/ AREA | RTY-FIFTH | SUBSCRIBER GROU | JP 0 | COMMUNITY/ AREA | | I SUBSCRIBER GROU | JP 0 | 9 |
| COMMUNITY/ AREA | | | | COMMUNITY AREA | | | U | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| 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 | |
| FORTY | -SEVENTH | SUBSCRIBER GROU | JP | FOR | TY-EIGHT | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | П | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| | | _ | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add to Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | |
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| | | | | ATE FEES FOR EAC | | | ID. | |
| COMMUNITY/ AREA | | SUBSCRIBER GRO | 0 | COMMUNITY/ AREA | | I SUBSCRIBER GRO | 0 | 9 |
| 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 |
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| 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 | |
| F | IFTY-FIRST | SUBSCRIBER GRO | UP | FIF. | TY-SECONE | SUBSCRIBER GRO | UP | |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ AREA | 4 | | 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 | 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 OWNER CABLE ONE, INC. | R OF CABL | E SYSTEM: | | | | SI | STEM ID# 007417 | Name |
|--|-----------|-----------------|-------------|-----------------------|----------|-----------------|--------------------|--------------------------|
| BL | OCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| | Y-THIRD | SUBSCRIBER GROU | | Ti . | Y-FOURTH | 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 |
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| | | | | | | | | Syndicated |
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| T | | | 0.00 | T | ļ | | 0.00 | |
| 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 | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| | ΓY-FIFTH | SUBSCRIBER GROU | | 11 | TY-SIXTH | SUBSCRIBER GROU | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 007417 | | | | | | | | |
|---|---|-----------------|-------------|-----------------------|----------|-------------------|------|---------------------------|--|
| | | | | ATE FEES FOR EAC | | | | | |
| | | SUBSCRIBER GROU | | TI . | | I SUBSCRIBER GROU | | 9 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
| | | | | | | | | Base Rate Fee | |
| | | - | | | | | | and | |
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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 | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | | |
| FI | FTY-NINTH | SUBSCRIBER GROU | JP | | SIXTIETH | SUBSCRIBER GROU | JP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | | |
| | | | | | | | | | |
| Base Rate Fee Third | I Group | \$ | 0.00 | Base Rate Fee Fourt | th Group | \$ | 0.00 | | |
| | | | | | | | | | |
| Base Rate Fee: Add Enter here and in blo | | | riber group | as shown in the boxes | above. | \$ | | | |

| EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | |
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| | | | | ATE FEES FOR EAC | | | ID. | |
| COMMUNITY/ AREA | | SUBSCRIBER GRO | <u>0</u> | COMMUNITY/ AREA | | SUBSCRIBER GRO | UP 0 | 9 |
| 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 |
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| Total DSEs | | ! | 0.00 | Total DSEs | | - 11 | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GRO | | 11 | | 1 SUBSCRIBER GRO | | |
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| 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 Fourt | th Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | o as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | 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 |
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| Total DSEs | | | 0.00 | Total DSEs | | <u> </u> | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | SEVENTH | SUBSCRIBER GRO | | İ | | SUBSCRIBER GROU | JP - | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| 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 th Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
|--|--|----------------|---------------|----------------------|-------------|-----------------|---------------------|----------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| | TY-NINTH | SUBSCRIBER GRO | | i i | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | _ |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| Office of offi | 502 | O/ILL CICIT | 502 | OF ILLE STOTE | 502 | OF ILLE STORY | 502 | Base Rate Fee |
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| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SEVEN | ITY-FIRST | SUBSCRIBER GRO | UP | SEVEN | TY-SECOND | SUBSCRIBER GROU | 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 | |
| Dago Dato For Third (| Danies | | 0.00 | Bees Bets Fee Fee | odlo Consum | | 0.00 | |
| Base Rate Fee Third (| эгоир | \$ | 0.00 | Base Rate Fee Fou | iui Gioup | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, INC | EGAL NAME OF OWNER OF CABLE SYSTEM: SABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | |
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| | | SUBSCRIBER GRO | | ii . | | SUBSCRIBER GRO | | 9 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
| | | | | | | | | Base Rate Fee | |
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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 Second | ond Group | \$ | 0.00 | | |
| SEVE | NTY-FIFTH | SUBSCRIBER GRO | UP | SEV | ENTY-SIXTH | SUBSCRIBER GRO | UP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts Third | I Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Four | 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. | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
|-------------------------|---------------------|----------------------------------|--------------|----------------------|-------------------|---------------------------|---------------------|-------------------|
| | | COMPUTATION OI SUBSCRIBER GRO | | ATE FEES FOR EAC | | IBER GROUP SUBSCRIBER GRO | UP | _ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | TY-NINTH | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
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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 | |
| | 14 | <u>·</u> | | | - · P | | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add th | ne base ra t | te fees for each subs | criber aroun | as shown in the boxe | s above. | | | |
| Enter here and in block | | | 0 1 | | | \$ | | |

| LEGAL NAME OF OWNE | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
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| | | COMPUTATION OF SUBSCRIBER GRO | | TE FEES FOR EACH | | IBER GROUP SUBSCRIBER GROU | UP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | A | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Froup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | TY-THIRD | SUBSCRIBER GRO | | Ti . | | SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
|--|-----------|----------------|---------------|----------------------|------------|----------------|---------------------|------------------|
| | BLOCK A: | COMPUTATION C | F BASE RA | ATE FEES FOR EAG | CH SUBSCF | RIBER GROUP | | |
| | | SUBSCRIBER GRO | | II . | | SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | | | | |
| | | · | | | | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| EIGHTY | '-SEVENTH | SUBSCRIBER GRO | OUP | EIG | HTY-EIGHTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | ırth Group | \$ | 0.00 | |
| | - 1- | | | | | · | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | irth 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 | | E SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
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| | | | | ATE FEES FOR EACH | | | | |
| EIGH' COMMUNITY/ AREA | TY-NINTH | SUBSCRIBER GROU | JP 0 | COMMUNITY/ AREA | NINTIETH | I SUBSCRIBER GROU | JP 0 | 9 |
| | | | | | | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | - | | | | Base Rate Fee and |
| | | | | | | | | Syndicated |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | İ |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | 1 |
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| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Secon | | \$ | 0.00 | İ |
| NINE COMMUNITY/ AREA | TY-FIRST | SUBSCRIBER GROU | ^{JP} 0 | NINET COMMUNITY/ AREA | Y-SECONE | SUBSCRIBER GROU | JP 0 | İ |
| OOMMONT IT AREA | | | | OOMMONT IT AREA | | | | İ |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | İ |
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| Total DSEs | ' | | 0.00 | Total DSEs | | | 0.00 | İ |
| Gross Receipts Third C | Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | İ |
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| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourti | n Group | \$ | 0.00 | 1 |
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| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | İ |

| CABLE ONE, IN | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
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| | | | | ATE FEES FOR EAC | | | | |
| NIN COMMUNITY/ AREA | | SUBSCRIBER GRO | UP 0 | NINETY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | | | | 9 |
| COMMUNITY AREA | | | | COMMUNITY AREA | | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | 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 | | iii . | | SUBSCRIBER GRO | UP - | |
| COMMUNITY/ ARE/ | Α | | 0 | COMMUNITY/ AREA | 0 | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fourt | th Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
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| | | | | TE FEES FOR EAC | | | | |
| NINETY-S COMMUNITY/ AREA | SEVENTH | SUBSCRIBER GROU | JP 0 | NINE COMMUNITY/ AREA | | SUBSCRIBER GROU | JP 0 | 9 |
| COMMUNITY AREA | | | | COMMONT TO AREA | | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| | | | | | , | | | |
| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Seco | | \$ | 0.00 | |
| | TY-NINTH | SUBSCRIBER GROU | | ii . | | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
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| 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# 007417 | Name |
|---|----------|----------------|----------------|-----------------------|----------|-------------------|---------------------|---------------------------|
| | | | | ATE FEES FOR EAC | | | | |
| | | 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 |
| | <u> </u> | | | | | | | Base Rate Fee |
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| Total DSEs | ! | .! | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | | | | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GRO | | iii — | | I SUBSCRIBER GROU | UP 0 | |
| COMMUNITY/ AREA | A | | 0 | COMMUNITY/ AREA | | | | |
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| 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 | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
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| | | | | TE FEES FOR EACH | | | | |
| ONE HUNDR | RED FIFTH | SUBSCRIBER GROU | JP 0 | ONE HUND | | I SUBSCRIBER GRO | JP 0 | 9 |
| COMMONT IT AREA | | | | COMMONT IT AREA | | | | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Second | nd Group | \$ | 0.00 | |
| ONE HUNDRED | SEVENTH | SUBSCRIBER GROU | JP | ONE HUNDR | ED EIGHTH | I SUBSCRIBER GRO | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | ¢ | 0.00 | Base Rate Fee Fourt | h Group | ¢ | 0.00 | |
| Dase Nate Fee IIII(0 (| σισαμ | \$ | 0.00 | Dase Nate Fee Fourt | ιι σιουρ | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
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| ONE HUNDRE COMMUNITY/ AREA | HTMIN ט= | SUBSCRIBER GROU | JP 0 | ONE HUND | | SUBSCRIBER GROU | JP 0 | 9 |
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| 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 EI | LEVENTH | SUBSCRIBER GROU | JP | ONE HUNDRE | D TWELVTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| 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 th Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
|--|-------------|---------------------------------------|---------------|----------------------|------------|-----------------|---------------------|----------------------|
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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 | |
| ONE HUNDRED F | IFTEENTH | SUBSCRIBER GRO | UP | ONE HUNDRED | SIXTEENTH | SUBSCRIBER GROU | UP | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | irth Group | \$ | 0.00 | |
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| 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, IN | | E SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
|---|-----------|-----------------------------------|--------------|-----------------------|----------|-----------------|---------------------|--------------------------|
| | | COMPUTATION OF SUBSCRIBER GROU | | ATE FEES FOR EACH | | RIBER GROUP | UP | |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | d Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | : Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| ONE HUNDRED I | NINTEENTH | SUBSCRIBER GRO | JP | ONE HUNDRED T | WENTIETH | SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | | | 0 | |
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| 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# 007417 | Name |
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| | SLOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| ONE HUNDRED TWE | NTY-FIRST | SUBSCRIBER GRO | UP | ONE HUNDRED TWE | NTY-SECOND | SUBSCRIBER GROUP |) | 0 |
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| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | <u> </u> | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | |
| | NTY-THIRD | SUBSCRIBER GROUP | • | it . | | SUBSCRIBER GROUP | • | |
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| 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 | | | criber group | as shown in the boxe | s above. | | | |
| Enter here and in bloc | k 3, line 1, | space L (page 7) | | | | \$ | | |

| CABLE ONE, IN | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
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| | | COMPUTATION OI SUBSCRIBER GROUP | | ATE FEES FOR EAC | | RIBER GROUP 1 SUBSCRIBER GROUP |) | _ |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | <i>A</i> | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee and |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | ı |
| Gross Receipts First | t Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | ı |
| Base Rate Fee First | t Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | 1 |
| NE HUNDRED TWEN | | SUBSCRIBER GROUP | | H . | | SUBSCRIBER GROUP | | ı |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ AREA | 4 | | 0 | 1 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | ı |
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| Base Rate Fee Thire | d Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | l |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | l |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007417 | | | | | | | | |
|---|-------------|------------------|--------------|-----------------------|---------------|------------------|---------|--------------------------|
| | BLOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| | | SUBSCRIBER GROUP | | | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | ······· | | 0 | COMMUNITY/ AREA | ١ | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | and Group | \$ | 0.00 | |
| ONE HUNDRED TI | HIRTY-FIRST | SUBSCRIBER GROUP |) | ONE HUNDRED THIS | RTY-SECONI | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | 4 | | 0 | COMMUNITY/ AREA | | | 0 | |
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| 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. | \$ | | |

| CABLE ONE, IN | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
|---|-------------|---------------------------------|--------------|-----------------------|------------|-----------------------------------|---------------------|---------------------|
| ONE HUNDRED TI | HIRTY-THIRD | COMPUTATION OF SUBSCRIBER GROUP |) | it . | RTY-FOURTH | RIBER GROUP I SUBSCRIBER GROUF | | 9 |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | \ | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | | SUBSCRIBER GROUP | | ii e | | H SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | 4 | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Gross Receipts Third | и Стоир | \$ | 0.00 | Gross Receipts Four | ui Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
|--|-----------|-----------------|--------------|----------------------|--------------|------------------|---------------------|---------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| ONE HUNDRED THIRTY | -SEVENTH | SUBSCRIBER GROU | Р | ONE HUNDRED TH | IIRTY-EIGHTH | SUBSCRIBER GROUP |) | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | Ц | 0.00 | |
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| Gross Receipts First G | Froup | \$ | 0.00 | Gross Receipts Sec | ona Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED THI | RTY-NINTH | SUBSCRIBER GROU | P | 11 | | I SUBSCRIBER GRO | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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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 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add to Enter here and in bloc | | | criber group | as shown in the boxe | s above. | \$ | | |

| CABLE ONE, IN | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
|---|------------|---------------------------------|--------------|-----------------------|------------|-------------------------------|---------------------|--------------------------|
| | | COMPUTATION OF SUBSCRIBER GROUP | | ONE HUNDRED FOR | | RIBER GROUP SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | ١ | | 0 | 9 Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | and Group | \$ | 0.00 | |
| ONE HUNDRED F | ORTY-THIRD | SUBSCRIBER GROUF |) | ONE HUNDRED FOR | RTY-FOURTH | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | 4 | | 0 | COMMUNITY/ AREA | | | 0 | |
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| 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. | \$ | | |

| CABLE ONE, INC. | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
|--|-------------|------------------|-------------|----------------------|--------------|---------------------------------------|---------------------|----------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| ONE HUNDRED FO | RTY-FIFTH | SUBSCRIBER GROUP | | ONE HUNDRED | FORTY-SIXTH | SUBSCRIBER GROUP | 0 | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | iroup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| ONE HUNDRED FORTY | -SEVENTH | SUBSCRIBER GROUP | | ii — | | SUBSCRIBER GROUP | _ | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | |
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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 the Enter here and in block | | | riber group | as shown in the boxe | s above. | \$ | | |
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| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABL | E SYSTEM: | | | | SY | STEM ID# 007417 | Name |
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| BL ONE HUNDRED FORT | | | | TE FEES FOR EACH | | IBER GROUP SUBSCRIBER GROUP | D . | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gro | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED FIFT | Y-FIRST | SUBSCRIBER GROU | JP | ONE HUNDRED FIFTY | -SECOND | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Gross Receipts Third G | roup | ************************************** | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
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| Base Rate Fee Third Gr | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes a | bove. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
|---|------------|-----------------------------------|-------------|-----------------------|-----------|-------------------|---------------------|---------------------------|
| | | COMPUTATION OF SUBSCRIBER GROU | | ATE FEES FOR EACH | | RIBER GROUP | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| 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 | |
| ONE HUNDRED F | IFTY-FIFTH | SUBSCRIBER GROU | JP | ONE HUNDRED FI | FTY-SIXTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | na Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GROUP | | ii e | | H SUBSCRIBER GROUF |) | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNE CABLE ONE, INC. | | LE SYSTEM: | • | | | SY | STEM ID# 007417 | Name |
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| | | SUBSCRIBER GROU | | | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | I SPRINGS, PORT | | COMMUNITY/ AREA | | GOULA, ESCATAV | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | <u> </u> | | 0.00 | |
| Gross Receipts First G | roup | \$ 1,252, | 414.00 | Gross Receipts Secon | d Group | \$ 1,60 | 7,458.00 | |
| | | | | | | | 1 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GROU | ΙP | | FOURTH | SUBSCRIBER GROU | Р | |
| COMMUNITY/ AREA | BILOXI | , HARRISON COL | INTY | COMMUNITY/ AREA | HARRIS | SON CO (DIAMONE | OHEAD), C | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | I | | 0.00 | |
| Gross Receipts Third C | Group | \$ 1,610, | 785.00 | Gross Receipts Fourth | Group | \$ 2,69 | 3,491.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
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| Base Rate Fee: Add th Enter here and in block | | | riber group | as shown in the boxes a | ibove. | \$ | 0.00 | |

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| Total DSEs | Exclusivity Surcharge |
| Gross Receipts First Group \$ 289,421.00 Gross Receipts Second Group \$ 84,453.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 | for |
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| Total DSEs 0.00 Total DSEs 0.00 | |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 | |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 | |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | S. IDL | | | | | | YSTEM ID# 007417 | Name |
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| Gross Receipts First Grou | nb | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First Grou | ın | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
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| 9 | | SUBSCRIBER GROU | Y-EIGHTH | | | SUBSCRIBER GROU | SEVENTH | |
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| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate Fo | | | | | | | | |
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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 Secon | 0.00 | \$ | roup | Base Rate Fee First Gr |
| | JP | SUBSCRIBER GROU | ORTIETH | | JP | SUBSCRIBER GROU | ΓΥ-NINTH | THIRT |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| | 0.00 | | | | | | | |
| | 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | Group | Gross Receipts Third G |

| Name | O07417 | | | | | LE SYSTEM: | R OF CABL | LEGAL NAME OF OWNE CABLE ONE, INC. |
|-------------------------|--------------|-----------------|--------|-----------------------------------|------|-----------------|-----------|---------------------------------------|
| | | | | | | COMPUTATION OF | | |
| 9 | | SUBSCRIBER GROU | SECOND | | | SUBSCRIBER GROU | ry-first | |
| Computation | 0 | | | OMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate F | | | | | | | | |
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| | 0.00 | \$ | Group | ase Rate Fee Secon | 0.00 | \$ | oup | Base Rate Fee First Gr |
| | Р | SUBSCRIBER GROU | FOURTH | FORTY | JP | SUBSCRIBER GRO | Y-THIRD | FORT |
| | 0 | | | OMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Name | YSTEM ID# 007417 | S | | | | .E SYSTEM: | | CABLE ONE, INC. |
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| | | | | TE FEES FOR EACH | | | | |
| 9 | JP | SUBSCRIBER GROU | RTY-SIXTH | | | SUBSCRIBER GRO | TY-FIFTH | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Base Rate Fe | | | | | | | | |
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| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First G |
| | JP | SUBSCRIBER GROU | Y-EIGHTH | FORT | UP | SUBSCRIBER GRO | SEVENTH | FORTY- |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| 9 | 0 | SOBSCRIBER GROU | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| of Base Rate F | 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 | \$ | roup | ase Rate Fee First G |
| | JP | SUBSCRIBER GROU | /-SECOND | FIFT | JP | SUBSCRIBER GROU | TY-FIRST | FIF |
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| | YSTEM ID# 007417 | S` | | | | LE SYSTEM: | | CABLE ONE, INC. |
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| 9 | | SUBSCRIBER GROU | Y-FOURTH | | | SUBSCRIBER GROU | ry-third | |
| Computation | 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 |
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| | | SUBSCRIBER GROU | -TY-SIXTH | | | SUBSCRIBER GRO | TY-FIFTH | |
| | UP 0 | SUBSCRIBER GROU | TY-SIXTH | COMMUNITY/ AREA | 0 | SUBSCRIBER GROU | TY-FIFTH | |
| | | CALL SIGN | DSE | | | CALL SIGN | TY-FIFTH | |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Name | O07417 | S' | | | | LE SYSTEM: | | LEGAL NAME OF OWNE CABLE ONE, INC. |
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| 0 | IP | SUBSCRIBER GROU | Y-EIGHTH | FIFT | | SUBSCRIBER GRO | SEVENTH | FIFTY-S |
| 9 Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | IP | SUBSCRIBER GROU | SIXTIETH | | JP | SUBSCRIBER GRO | TY-NINTH | FIFT |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Name | YSTEM ID# 007417 | S` | | | | .E SYSTEM: | | CABLE ONE, INC. |
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| 9 | | SUBSCRIBER GROU | -SECOND | | | SUBSCRIBER GRO | TY-FIRST | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | JP | SUBSCRIBER GROU | /-FOURTH | SIXT | UP | SUBSCRIBER GRO | TY-THIRD | SIX |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| LEGAL NAME OF OWNE CABLE ONE, INC. | R OF CABL | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
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| | TY-FIFTH | SUBSCRIBER GRO | | iii | XTY-SIXTH | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
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| Base Rate Fee First G | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| SIXTY-S | SEVENTH | SUBSCRIBER GRO | UP | SIXT | TY-EIGHTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| 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 | |
| Base Rate Fee: Add th Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

| | YSTEM ID# 007417 | S` | | | | LE SYSTEM: | | CABLE ONE, INC. |
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| | | | | TE FEES FOR EACH | | | | |
| 9 | JP | SUBSCRIBER GROU | VENTIETH | SE | | SUBSCRIBER GROU | TY-NINTH | SIX |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate Fe | | | | | | | | |
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| | 0.00 | | • | Total DSEs | 0.00 | - | • | Total DSEs |
| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | roup | Gross Receipts First G |
| | | e | d Casua | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First G |
| | 0.00 | \$ | u Group | | 0.00 | Ψ | Toup | Dase Nate Fee First O |
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| | * | | | | | | | SEVEN |
| | JP | | | SEVENT | JP | | | SEVEN |
| | JP 0 | SUBSCRIBER GROU | '-SECOND | SEVENTY COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | TY-FIRST | SEVEN COMMUNITY/ AREA |
| | JP 0 | SUBSCRIBER GROU | '-SECOND | SEVENTY COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | TY-FIRST | SEVEN COMMUNITY/ AREA |
| | JP 0 | SUBSCRIBER GROU | '-SECOND | SEVENTY COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | TY-FIRST | SEVEN COMMUNITY/ AREA |
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| | JP 0 | SUBSCRIBER GROU | '-SECOND | SEVENTY COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | TY-FIRST | SEVEN COMMUNITY/ AREA |
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| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

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| | 0.00 | \$ | Group | Total DSEs Gross Receipts Fourth | 0.00 | \$ | Group | Total DSEs Gross Receipts Third C |

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABI | LE SYSTEM: | | | | S | YSTEM ID# 007417 | Name |
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| | D FIRST | SUBSCRIBER GRO | | H | SECOND | 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 |
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| 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 | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| ONE HUNDRE | D THIRD | SUBSCRIBER GROU | JP | ONE HUNDREI |) FOURTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
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| | ID | SUBSCRIBER GROU | D EIGHTH | ONE HUNDRE | ID | SUBSCRIBER GROU | SEVENTH | ONE HUNDRED |
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| Computation E of Base Rate F and Syndicate Exclusivity | 0 | | ED IENIH | 11 | | SUBSCRIBER GROU | D NINTH | |
| E of Base Rate F and Syndicate Exclusivit | | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| and Syndicate Exclusivit | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| and Syndicated Exclusivity Surcharge | | | | | | | | |
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| CABLE ONE, INC. | ABLE SYSTEM: | | | | | 007417 | Name |
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| BLOCK A | A: COMPUTATION C | OF BASE RA | ATE FEES FOR EAC | CH SUBSCR | RIBER GROUP | | |
| ONE HUNDRED TWENTY-FIR | ST SUBSCRIBER GROU | JP | ONE HUNDRED TWE | NTY-SECOND | SUBSCRIBER GROUP | ס | 0 |
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| 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 TWENTY-THIR | RD SUBSCRIBER GROU | JP | ONE HUNDRED TWE | NTY-FOURTH | SUBSCRIBER GROUP | 5 | |
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| Name | YSTEM ID# 007417 | CABLE ONE, INC. 00741 | | | | | | | |
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| | | IBER GROUP | SUBSCR | TE FEES FOR EACH | BASE RA | COMPUTATION OF | OCK A: (| BL | |
| | | SUBSCRIBER GROUP | NTY-SIXTH | ONE HUNDRED TWE | | SUBSCRIBER GROUP | NTY-FIFTH | ONE HUNDRED TWEN | |
| 9 Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
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| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | | SUBSCRIBER GROUP | Y-SECOND | ONE HUNDRED THIRT | 1 | SUBSCRIBER GROUF | RTY-FIRST | ONE HUNDRED THIS |
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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007417 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 Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007417 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

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