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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY	THIS STATEMENT:			
Accounting Period	2019/1				
B Owner	Instructions: Give the full legal name of the owner of the c rate title of the subsidiary, not that of the parent c List any other name or names under which th If there were different owners during the account a single statement of account and royalty fee pay Check here if this is the system's first filing	orporation ne owner conducts the business of the cabl ounting period, only the owner on the last o	e system ay of the accounting period shoul		007704
	LEGAL NAME OF OWNER/MAILING ADDRES	SS OF CABLE SYSTEM			
	CEQUEL COMMUNICATIONS L	LC			
				00770	420191
l				007704	2019/1
C System	3015 S SE LOOP 323 TYLER, TX 75701 INSTRUCTIONS: In line 1, give any busines names already appear in space B. In line 2, give any busines 1 IDENTIFICATION OF CABLE SYSTEM: KINSTON MAILING ADDRESS OF CABLE SYSTEM:		•		
	2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)				
D	Instructions: For complete space D instruct	ions, see page 1b. Identify only the frst	community served below and	relist on page	e 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	KINSTON	NC			
Community	Below is a sample for reporting communitie	es if you report multiple channel line-up	s in Space G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	B GRP#
Sample	Alda	MD	Α		1
	Alliance	MD	В		2
	Gering	MD	B		3
form in order to pro numbers. By provid	e: Section 111 of title 17 of the United States Code authori cess your statement of account. PII is any personal inform ling PII, you are agreeing to the routine use of it to establis pared for the public. The effect of not providing the PII redu	nation that can be used to identify or trace an indi sh and maintain a public record, which includes a	vidual, such as name, address and tel ppearing in the Offce's public indexes	lephone and in	

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/27/2019

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
CEQUEL COMMUNICATIONS LLC			007704			
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.						
If all communities receive the same complement of television broadcast stations (i.e., 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).	e column blank. İ	f you report any st	ations			
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber gro					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#			
KINSTON	NC			First		
LAGRANGE	NC			Community		
LENOIR COUNTY (PORTION)	NC					
WALNUT CREEK	NC					
WAYNE COUNTY (PORTION)	NC					
				See instructions for		
				additional information on alphabetization.		
				Add rows as necessary.		
		I		1		

	[

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:								SYS	STEM ID
Name	CEQUEL COMMUNICAT	TIONS LLC									00770
F	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCR	IBERS AND R	A	ES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable										
Secondam.	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary Transmission		bay cable) in space F, not here. All the facts you state must be those existing on the									
Service: Sub-			June 30 or December 31, as the case may be). blocks in space E call for the number of subscribers to the cable system, broken								
scribers and	down by categories of secondar	y transmission	service	. In general, yo	bu	can compute the	numbe	er of subscr	ibers in		
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular serv								io and the		
	Rate: Give the standard rate of unit in which it is generally billed										
	category, but do not include disc						unution	o wianii a p			
	Block 1: In the left-hand block					s of secondary t	ransmis	ssion servio	e that cable		
	systems most commonly provide										
	that applies to your system. Not										
	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)."										
	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, t										
	with the number of subscribers a sufficient.	and rates, in the	e right-l	nand block. A t	wc	- or three-word o	lescript	ion of the s	ervice is		
	BL				BLOC	K 2					
		NO. OF							NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		CATEGORY	OF SE	RVICE	SUBSCRIBERS	3	RATE
	Residential:										
	Service to first set		7,151								
	Service to additional set(s)	1	1,622	0							
	• FM radio (if separate rate)										
	Motel, hotel Commercial		223	¢ 20.00							
	Converter		223	\$ 29.99							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	s						
E	In General: Space F calls for ra	te (not subscrit	per) info	ormation with re	esp	pect to all your ca	able sys	stem's serv	ices that were		
Г	not covered in space E, that is, t						,	,			
Services	service for a single fee. There and furnished at cost or (2) services										
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			- 3,		
	Block 1: Give the standard rat	te charged by t			ac						
ransmissions:								period that	were not		
ransmissions: Rates	Block 2: List any services that				rec						
	Block 2: List any services that listed in block 1 and for which a	separate charg	e was	made or establ	rec						
	Block 2: List any services that	separate chargetion and inclue	je was de the r	made or establ	rec				form of a		
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and includ BLO	je was i de the r CK 1	made or establ ate for each.	rec isł	ned. List these of	her ser	vices in the	form of a BLOCK 2		DATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate chargetion and inclue	e was de the r CK 1 CATE	made or establ ate for each. GORY OF SEF	rec ish RV	CE RA	her ser	vices in the	form of a		RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargotion and includ BLO RATE	e was de the r CK 1 CATE Install	made or establ ate for each. GORY OF SEF ation: Non-res	rec ish RV	CE RA	her ser	vices in the	form of a BLOCK 2		RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg ption and includ BLO	e was i de the r CK 1 CATE Install • Mo	made or establ ate for each. GORY OF SEF	rec ish RV	CE RA	her ser	vices in the	form of a BLOCK 2		RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargotion and include BLO RATE \$ 19.00	e was de the r CK 1 CATE Install • Mo • Co	made or establ ate for each. GORY OF SEF ation: Non-res itel, hotel mmercial	rec ish RV	CE RA	her ser	vices in the	form of a BLOCK 2		RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	separate chargotion and include BLO RATE \$ 19.00	e was de the r CK 1 CATE Install • Mo • Co • Pa	made or establ ate for each. GORY OF SEF ation: Non-res itel, hotel mmercial y cable	rec ist	ICE RA	her ser	vices in the	form of a BLOCK 2		RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	separate chargotion and include BLO RATE \$ 19.00	e was de the r CK 1 CATE Install • Mc • Co • Pa • Pa	made or establ ate for each. GORY OF SEF ation: Non-res itel, hotel mmercial	rec ist	ICE RA	her ser	vices in the	form of a BLOCK 2		RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	separate chargotion and include BLO RATE \$ 19.00	de the r CK 1 CATE(Install • Mo • Co • Pa • Pa • Fir	made or establ ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable	RVI sid	ICE RA	her ser	vices in the	form of a BLOCK 2		RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	separate chargotion and include BLOO RATE \$ 19.00 \$ 19.00	e was de the r CK 1 CATE Install • Mc • Co • Pa • Pa • Fir • Bu	made or establ ate for each. GORY OF SEF ation: Non-res otel, hotel mmercial y cable y cable-add'l c e protection	RVI sid	ICE RA	her ser	vices in the	form of a BLOCK 2		RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	separate chargotion and include BLO0 RATE \$ 19.00 \$ 19.00 \$ 99.00	e was de the r CK 1 CATE(Install • Mc • Co • Pa • Pa • Fir • Bu Other	made or establ ate for each. GORY OF SEF ation: Non-res ttel, hotel mmercial y cable y cable-add'l c e protection rglar protectior	RVI sid	nnel	her ser	vices in the	form of a BLOCK 2		RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate chargotion and include BLO0 RATE \$ 19.00 \$ 19.00 \$ 99.00	e was i de the r CK 1 CATE(Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re	made or establ ate for each. GORY OF SEF ation: Non-res itel, hotel mmercial y cable y cable-add'l c e protection rglar protectior services:	RVI sid	nnel	TE	vices in the	form of a BLOCK 2		RATE
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate chargotion and include BLO0 RATE \$ 19.00 \$ 19.00 \$ 99.00	e was i de the r CK 1 CATE(Install • Mo • Co • Pa • Pa • Fir • Bu • Bu • Cther • Re • Dis	made or establ ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior services: connect	RVI sid	nnel	TE	vices in the	form of a BLOCK 2		RATE

	OWNER OF CABLE SY				SYSTEM ID	Namo
		-			007704	•
	ITTERS: TELEVISIO		ation (including	translator stations	and low newsr tolovision stations)	
			· ·		s and low power television stations) ed only on a part-time basis under	G
					tain network programs [sections and (2) certain stations carried on a	Primary
substitute program	basis, as explaine	d in the next	paragraph.			Transmitters
	sis Stations: With r c FCC rules, regula			s carried by your o	cable system on a substitute program	Television
• Do not list the sta	tion here in space	G—but do lis		e Special Statem	ent and Program Log)—if the	
	ried only on a subst		tion was carried	d both on a substi	itute basis and also on some other	
basis. For furthe	er information conc				of the general instructions located	
in the paper SA Column 1: List		sign. Do not r	eport origination	n program service	es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi-	
cast stream as "Wi WETA-simulcast).	ETA-2". Simulcast	streams must	be reported in	column 1 (list eac	h stream separately; for example	
			•		tion for broadcasting over-the-air in	
	cense. For example le system carried th	,	annei 4 in vvasr	lington, D.C. This	may be different from the channel	
Column 3: Indi	cate in each case v	vhether the st			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
for independent m	nulticast), "E" (for no	oncommercia	l educational), c	or "E-M" (for nonce	ommercial educational multicast).	
					he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local s	ervice area, see pa	age (v) of the	general instruct	ions located in the	e paper SA3 form.	
					stating the basis on which you tering "LAC" if your cable system	
carried the distant	station on a part-tir	ne basis beca	ause of lack of a	ctivated channel	capacity.	
					y payment because it is the subject stem or an association representing	
he cable system a	and a primary transi	mitter or an a	ssociation repre	senting the prima	ary transmitter, enter the designa-	
					ther basis, enter "O." For a further ed in the paper SA3 form.	
					y to which the station is licensed by the	
	or Canadian statio ilizing multiple char				h which the station is identifed.	
Note: Il you are ut	inzing multiple char	inei ine-ups,	use a separate	space G for each	r channer line-up.	
		CHANN	EL LINE-UP	AA		_
		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	-
1. CALL SIGN	CHANNEL	3. TYPE OF	_	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF		-
SIGN	CHANNEL NUMBER 12	3. TYPE OF STATION N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	NEW BERN, NC	-
SIGN WCTI-1 WCTI-3	CHANNEL NUMBER 12 12.3	3. TYPE OF STATION N I-M	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC	
SIGN WCTI-1 WCTI-3 WCTI-HD1	CHANNEL NUMBER 12 12.3 12.3	3. TYPE OF STATION N I-M N-M	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC NEW BERN, NC	
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-1	CHANNEL NUMBER 12 12.3 12.3 12 38	3. TYPE OF STATION N I-M N-M I	4. DISTANT? (Yes or No) No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC NEW BERN, NC GREENVILLE, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-1 WEPX-HD1	CHANNEL NUMBER 12 12.3 12 38 38 38	3. TYPE OF STATION N I-M I I I-M	4. DISTANT? (Yes or No) No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC NEW BERN, NC GREENVILLE, NC GREENVILLE, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-1 WEPX-HD1 WITN-1	CHANNEL NUMBER 12 12.3 12 38 38 38 7	3. TYPE OF STATION N I-M I I I-M N	4. DISTANT? (Yes or No) No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC NEW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC	additional information
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-1 WEPX-HD1 WITN-1 WITN-2	CHANNEL NUMBER 12 12.3 12 38 38 38 7 7 7.2	3. TYPE OF STATION N I-M I I-M I-M	4. DISTANT? (Yes or No) No No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC NEW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-1 WEPX-HD1 WITN-1 WITN-2 WITN-3	CHANNEL NUMBER 12 12.3 12 38 38 38 7 7 7.2 7.3	3. TYPE OF STATION N-M I-M I-M I-M I-M	4. DISTANT? (Yes or No) No No No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC NEW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC WASHINGTON, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-1 WEPX-HD1 WITN-1 WITN-2 WITN-3 WITN-HD1	CHANNEL NUMBER 12 12.3 12 38 38 38 7 7 7.2 7.3 7	3. TYPE OF STATION N I-M I I-M I-M I-M I-M	4. DISTANT? (Yes or No) No No No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC NEW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-1 WEPX-HD1 WITN-1 WITN-2 WITN-3 WITN-HD1 WNCT-1	CHANNEL NUMBER 12 12.3 12 38 38 38 7 7 7.2 7.3 7 9	3. TYPE OF STATION N-M I-M I-M I-M I-M I-M I-M N-M N-M	4. DISTANT? (Yes or No) No No No No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC NEW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-10 WEPX-HD1 WITN-1 WITN-2 WITN-3 WITN-HD1 WNCT-1 WNCT-2	CHANNEL NUMBER 12 12.3 12 38 38 38 7 7 7.2 7.3 7 9 9 9.2	3. TYPE OF STATION N I-M I-M I-M I-M I-M N-M N N-M	4. DISTANT? (Yes or No) No No No No No No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC REW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-10 WEPX-HD1 WITN-1 WITN-2 WITN-3 WITN-HD1 WNCT-1 WNCT-2 WNCT-3	CHANNEL NUMBER 12 12.3 12 38 38 38 7 7 7.2 7.3 7 9 9 9.2 9.3	3. TYPE OF STATION N-M I-M I-M I-M N-M N-M N-M N I-M I-M	4. DISTANT? (Yes or No) No No No No No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC REW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-1 WEPX-HD1 WITN-1 WITN-2 WITN-3 WITN-HD1 WNCT-1 WNCT-2 WNCT-3 WNCT-4	CHANNEL NUMBER 12 12.3 12 38 38 38 7 7 7.2 7.3 7 9 9 9.2 9.3 9.4	3. TYPE OF STATION N I-M I I-M I-M I-M I-M I-M I-M I-M	4. DISTANT? (Yes or No) No No No No No No No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC NEW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-1 WEPX-HD1 WITN-1 WITN-2 WITN-3 WITN-HD1 WNCT-1 WNCT-2 WNCT-3 WNCT-4 WNCT-4	CHANNEL NUMBER 12 12.3 12 38 38 7 7 7.2 7.3 7 7 9 9 9.2 9.3 9.4 9.4 9	3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC NEW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-1 WEPX-HD1 WITN-1 WITN-2 WITN-3 WITN-HD1 WNCT-1 WNCT-2 WNCT-3 WNCT-4 WNCT-HD1 WNCT-HD1	CHANNEL NUMBER 12 12.3 12 38 38 38 7 7 7.2 7.3 7 9 9 9.2 9.3 9.4 9.2 9.2	3. TYPE OF STATION N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	4. DISTANT? (Yes or No) No No No No No No No No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC REW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-10 WEPX-HD1 WITN-1 WITN-2 WITN-3 WITN-HD1 WNCT-1 WNCT-2 WNCT-2 WNCT-4 WNCT-4 WNCT-HD1 WNCT-HD2 WNCT-HD2	CHANNEL NUMBER 12 12.3 12 38 38 7 7.2 7.3 7 9 9.2 9.3 9.4 9 9.2 21.2	3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC REW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC KINSTON, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-10 WEPX-HD1 WITN-2 WITN-2 WITN-3 WITN-HD1 WNCT-1 WNCT-2 WNCT-3 WNCT-4 WNCT-4 WNCT-HD1 WNCT-HD1 WNCT-HD2 WTMH-2 WTMH-3	CHANNEL NUMBER 12 12.3 12 38 38 7 7.2 7.3 7 9 9.2 9.3 9.4 9 9.2 21.2 21.3	3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC NEW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC KINSTON, NC	additional informati
SIGN WCTI-1 WCTI-3 WCTI-HD1 WEPX-10 WEPX-HD1 WITN-2 WITN-2 WITN-3 WITN-HD1 WNCT-1 WNCT-2 WNCT-3 WNCT-4 WNCT-4 WNCT-HD1 WNCT-HD1 WNCT-HD2 WTMH-2 WTMH-3	CHANNEL NUMBER 12 12.3 12 38 38 7 7.2 7.3 7 9 9.2 9.3 9.4 9 9.2 21.2	3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	NEW BERN, NC NEW BERN, NC REW BERN, NC GREENVILLE, NC GREENVILLE, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC KINSTON, NC	additional informati
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Name	LEGAL NAME OF (SYSTEM ID#
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H Primary Transmitters: Radio	all-band basis v Special Instruct receivable if (1) on the basis of For detailed info located in the p Column 1: lo Column 2: S Column 3: lf	t every radio s whose signals ctions Concer it is carried by monitoring, to prmation about aper SA3 form dentify the call tate whether to the radio stati	tation ca were "ge ming All the syst be receive t the the sign of e he statio on's sigr	rried on a separate and discr nerally receivable" by your ca -Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the Copyright Office regulations of each station carried. n is AM or FM. nal was electronically process mark in the "S/D" column.	abl Co t tl sy: on	le system during ppyright Office re he system's hea stem's FM anter this point, see p	g the accountin egulations, an adend, and (2) nna, during ce bage (vi) of the	ng period FM sign it can b rtain sta e genera	d. al is generally e expected, ted intervals. al instructions
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SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG Image: Comparison of the program broadcast by a distant station that your cable system carried on 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. Substitute basis, any nonnetwork television program broadcast by a distant station that your cable system carried on 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. Substitute basis, any nonnetwork television program broadcast by a distant station?	EGAL NAME OF OWNER OF							SYSTEM ID#	Name
In General: In space I, identify every nonetwork television program broadcast by a distant station that your cable system carried on a ubstitutebasis 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. I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station? If you nawer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program gin block 2. Color SUBSTITUTE PROGRAMS n General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is lizer. If you need more space, please attach additional pages. Colum 1: Give the tile of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station more retain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for further information. Do not use general categories like "movies", or "basketball". List specific program tites, for example, "I Love Lucy" or "NBA Basketball: Téers vs. Bulls." Colum 3: Give the tile additions, f any, the community to which the station is identified). Colum 6: Give the month and day when your system carried by your cable system. List the times accurately the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be tated as "6:00-6:30 p.m." Colum 7: Enter the letter "R" if the listed program was substituted for programming that your system was required odelet under FCC rules and regulations		TIONS L	LU					007704	
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Explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. Substruct SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Substruct Sample Spec During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station? Image: Signod Spec Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program page in block 2. Image: Signod Spec 1. LOG OF SUBSTITUTE PROGRAMS n General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is ilear. If you need more space, please attach additional pages. Spec Spec Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station inder certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form form futher information. Do nor tu use general categories like "movies", or "basketball". List specific program Spec Column 2: If the program was broadcast tip, enter "Yes." Otherwise enter "No." Column 4: Give the broadcast station's location (the community with which the station is identified). Spec Column 4: Give the broadcast station broadcasting the substitute program. Use numerals, with the month irst. Example: a program carried by a									•
SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station? Yes XNo Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program go in block 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is lear. If your need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting heriod, was broadcast by a distant station and that your cable system substituted for the programming of another station inder certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for further information. Do not use general categories like "movies", or "basketball". List specific program teles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community to which the station is lidentified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month rst. Example: or May 7 give "57." Column 6: State the times when the substitute program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro rram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro rram was substituted for programming that your system was permitted to delete under F									Substitut
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n General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is lear. If you need more space, please attach additional pages. Column 1: Give the tille of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station inder certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program ites, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station is located in station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, is any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, any, the community with which the station is licensed by the FCC or	· ·		MS						
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FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2019/1

FORM SA3E. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CEQUEL COMMUNICATIONS LLC 007704						3YSTEM ID# 007704		
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 nours 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 oc- curred 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." 								
			DATES	AND HOURS (DF F	ART-TIME CAF	RIAGE		
		WHEN	I CARRIAGE OCCL	JRRED			WHEN	I CARRIAGE OCCL	IRRED
	CALL SIGN	DATE	HOUF FROM			CALL SIGN		HOUF	
		DATE	FROM	то			DATE	FROM	TO
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-	/ SA3E. PAGE 7.		
-	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CE	EQUEL COMMUNICATIONS LLC	007704	
Inst all a (as pag	ROSS RECEIPTS structions: The figure you give in this space determines the form you fle and the amount you pay. Enternaments (gross receipts) paid to your cable system by subscribers for the system's secondary transmises identified in space E) during the accounting period. For a further explanation of how to compute this arge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	ssion service	K Gross Receipts
 Instru Con Con If you fee If you 	YRIGHT ROYALTY FEE uctions: Use the blocks in this space L to determine the royalty fee you owe: implete block 1, showing your minimum fee. implete block 2, showing whether your system carried any distant television stations. your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the m of rom block 1 on line 1 of block 4, and calculate the total royalty fee. your system did carry any distant television stations, you must complete the applicable parts of the DSE companying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on linck 3 below.	ne 1 of	
	part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line pelow.	2 in block	
	part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered n block 4 below.	on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required t least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percesses system's gross receipts for the accounting period.		
	Line 1. Enter the amount of gross receipts from space K \$ Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	1,634,685.79	
	This is your minimum fee.	17,393.06	
2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? X Yes—Complete the DSE schedule. 	check	
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	13,044.79	
5	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 \$	13,044.79	
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	17,393.06	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, enter zero.	0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$	18,118.06	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of general instructions located in the paper SA3 form and the Excel instructions tab for more inf		

ACCOUNTING PERIOD:	2019/1
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ACCOUNTING PERI	IOD: 2019/1	FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hamo		007704
	CHANNELS	
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broad	Icast stations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period	bd.
Channels		
	1. Enter the total number of channels on which the cable	29
	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	394
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
IN	we can contact about this statement of account.)	
Individual to		
Be Contacted		
for Further Information	Name SARAH BOGUE Telepho	one 903-579-3121
information		
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
	TYLER, TX 75701	
	(City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office	e regulations.
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of s	space B: or
		pace 2, c.
	(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	cable system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed	as surper of the scale sustem
	in line 1 of space B.	as owner of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact co are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	ntained herein
	[18 U.S.C., Section 1001(1986)]	
	X /s/ Alan Dannenbaum	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statemen (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your c	
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's	
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING	
	(Title of official position held in corporation or partnership)	
	Date: August 18, 2019	
Privacy Act Notice	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying inf	ormation (PII) requested on th
form in order to pro	press your statement of account. PIL is any personal information that can be used to identify or trace an individual such	

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 Office'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 th 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

FORM	SA3E	PAGE9
FUNIV	SAJE.	FAGES

LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 007704	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIP The Satellite Home Viewer Act of 1988 amended Title 17, section 111(lowing sentence: "In determining the total number of subscribers and the gross a service of providing secondary transmissions of primary broadc scribers and amounts collected from subscribers receiving second	(d)(1)(A), of the Copyright Act by adding the fol- mounts paid to the cable system for the basic cast transmitters, the system shall not include sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note paper SA3 form. During the accounting period did the cable system exclude any amoun		Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?		
YES. Enter the total here and list the satellite carrier(s) below	\$	
Name Nam Mailing Address Mail	ne	
You must complete this worksheet for those royalty payments submitte For an explanation of interest assessment, see page (viii) of the gener		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>	
Line 3 Multiply line 2 by the number of days late and enter the sum he	ere	
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/licensii contact the Licensing Division at (202) 707-8150 or licensing@cc		
** This is the decimal equivalent of 1/365, which is the interest asse	essment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account please list below the owner, address, first community served, accounti 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 Copyrig	ht Offce to collect the personally identifying information (PII) requested or	ı 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 Office'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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station over the air during the accounting period. The basis of carriage value is 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 anc 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 nor 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 sys-

tems 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, noncommercial 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-tim∉ 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.

DSE SCHEDULE. PAGE 11.

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

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

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

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.

TOTAL DSEs

Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

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

CITY

Santa Rosa

Bodega Bay

Rapid City

Fairvale

DSE

1.0

1.0

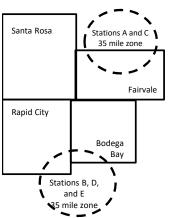
0.083

0.139

0.25

2.472

Distant Stations Carried STATION In most cases under current FCC rules, all of Fairvale would be within A (independent) B (independent) the local service area of both stations C (part-time) A and C and all of Rapid City and Bo-D (part-time) dega Bay would be within the local service areas of stations B, D, and E. E (network)



Minimum Fee Total Gross Receipts		\$600,000.00			
		x .01064			
		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B. D. and E

TOTAL GROSS RECEIPTS

SERVICE AREA OF

Stations A, B, C, D ,E

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600,000.00

FROM SUBSCRIBERS

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CEQUEL COMMUNICATIONS LLC007704										
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	I.			0.75						
2	Instructions:	Sign": list the cal	Il signs of all distant stations	identified by t	he letter "O" in column 5						
Computation of DSEs for	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WUNC-1 WUNC-3	0.250 0.250									
	WUNC-4	0.250									
Add rows as											
necessary.											
Remember to copy all formula into new											
rows.											
	Internet and a second se			L	mil .	E					

		OWNER OF CABLE SYSTEM: DMMUNICATIONS LL	.C				:	SYSTEM 0077
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 2 be carried ou Column 9 give the type- Column 9	 ist the call sign of all dista 2: For each station, give t correspond with the infor 3: For each station, give t 4: Divide the figure in colutt at least to the third decir 5: For each independent so that independent so th	the number of mation given i the total numb umn 2 by the f mal point. This station, give th station, give the s DSE. (For m	hours your cable syste in space J. Calculate of eer of hours that the sta figure in column 3, and s is the "basis of carria ne "type-value" as "1.0 e figure in column 5, ar	em carried the sta only one DSE for ation broadcast ov I give the result in ge value" for the "." For each netwo nd give the result inding, see page	tion during the accou each station. /er the air during the a decimals in column 4 station. ork or noncommercial in column 6. Round to (viii) of the general ins	accounting period. 4. This figure must educational station, o no less than the	
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	GE VA	LUE	SE
			÷ ÷		=	x x	=	
			÷		=	×	=	
			÷		=	×	=	
			÷			x x	<mark>-</mark>	
			÷		=	×	=	
			÷		=	x	=	
4 Computation of DSEs for Substitute- asis Stations	tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your system in subst ect on October 19, 1976 (one or more live, nonnetw For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE	(as shown by t ork programs of number of liv spond with the s in the calend nn 2 by the fig	the letter "P" in columr during that optional car e, nonnetwork prograr a information in space dar year: 365, except in ure in column 3, and g	n 7 of space I); an riage (as shown by ns carried in subs I. n a leap year. jive the result in c	d / the word "Yes" in colu stitution for programs olumn 4. Round to no	imn 2 of that were deleted b less than the third	orm).
		SU	BSTITUTE	-BASIS STATION	NS: COMPUT/	ATION OF DSEs		
	1. CALL	2. NUMBER	3. NUMB		1. CALL	2. NUMBER	3. NUMBER	-
	SIGN	OF PROGRAMS	OF DAY IN YEA	R	SIGN	OF PROGRAM	OF DAYS S IN YEAR	4. DS
		OF	IN YEA	R =	SIGN	OF	S IN YEAR	=
		OF PROGRAMS	IN YEA	R	SIGN	OF	S IN YEAR	
		OF PROGRAMS	IN YEA	R =	SIGN	OF	S IN YEAR	=
		OF PROGRAMS		R =	SIGN	OF	S IN YEAR ÷ ÷ ÷ ÷	
	SIGN	OF PROGRAMS		R = = = = = = = = = = = = = = = = = = = = = = = = =		OF PROGRAM	S IN YEAR ÷ ÷ ÷	
5	SIGN SUM OF DSEs Add the DSEs Enter the su TOTAL NUMB	OF PROGRAMS	IN YEA	IR = = = = = = = = = = = : : : :	· · · · · · · · · · · · · · · · · · ·	OF PROGRAM	S IN YEAR ÷ ÷ ÷ .00	
5 Total Number	SIGN SUM OF DSES Add the DSEs Enter the su TOTAL NUMBI number of DSE	OF PROGRAMS	IN YEA	IR = = = = = = = = = = = : : : :	· · · · · · · · · · · · · · · · · · ·	OF PROGRAM	S IN YEAR ÷ ÷ ÷ .00	
-	SIGN SIGN SUM OF DSEs Add the DSEs Enter the su Number of DSE 1. Number of	OF PROGRAMS	IN YEA	IR = = = = = = = = = = = : : : :	· · · · · · · · · · · · · · · · · · ·	OF PROGRAM	S IN YEAR	

LEGAL NAME OF C	WNER OF CABLE	SYSTEM:					S	YSTEM ID#	
CEQUEL COM	MUNICATION	S LLC						007704	Name
Instructions: Bloc In block A: • If your answer if			part 6 and part	7 of the DSF sche	edule blank a	nd complete p	art 8 (page 16) of	the	6
schedule.			-				art 6, (page 16) 61		Ŭ
 If your answer if 	"No," complete blo								Computation of
Is the cable syster	n located wholly a			ELEVISION M		ection 76 5 of	ECC rules and rea	gulations in	3.75 Fee
effect on June 24,	1981?			PLETE THE REMA				guiations in	
	lete blocks B and								
		BLOC	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	s of distant sta and regulation and DSE Sche	ations listed in ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r	this schedul	e that your sys ation of permit	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)] B Specialty stati	iles and regu ed pursuant t on as defined	lations cited be to the FCC ma d in 76.5(kk) (7	sis on which you c elow pertain to tho rket quota rules [7 6.59(d)(1), 76.61(se in effect o 6.57, 76.59(b e)(1), 76.63(a	n June 24, 198), 76.61(b)(c), a) referring to 7	76.63(a) referring	y ta	
	D Grandfathered instructions for E Carried pursua *F A station pre	d station (76.0 or DSE sched ant to individu viously carrie JHF station w	65) (see parag lule). ual waiver of F ed on a part-tin ⁄ithin grade-B o	ne or substitute ba contour, [76.59(d)(bstitution of g sis prior to Ju	randfathered s ine 25, 198 ⁻		(5)	
Column 3:		e stations ide	ntified by the l) parts 2, 3, and 4 etter "F" in column			vorksheet on page	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	
WUNC-1	C	0.25							
WUNC-3 WUNC-4	M	0.25 0.25							
WUNC-4	IVI	0.25							
									4
								0.75	
		В	LOCK C: CO	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule				0.75	
Line 2: Enter the	sum of permitte	d DSEs fror	n block B abo	ove				0.75	
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.		0.00	
Line 4: Enter gro	ess receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ine 4 by 0.0375	and enter su	um here						partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				x	-	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, space	e L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CEQUEL COMMUNICATIONS LLC 007704							Manaa			
1	. CALL	2. PERMITTED		A: TELE	2. PERMITTED		IUED) 1. CALL	2. PERMITTED	3. DSE	6
	SIGN	BASIS	3. D3E	SIGN	BASIS	3. D3E	SIGN	2. PERMITTED BASIS	3. D3E	
										Computation o 3.75 Fee
•••••										
		Т	Г	тт			гт			1

								C		ULE. PAGE 14.
Name	LEGAL NAME OF OWN								SY	STEM ID#
Name	CEQUEL COM	MUNICATIONS L	LC							007704
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fi A—Part-time sp 76.59 B—Late-night pr 76.61 S—Substitute ca gener: Column 5: Indicate Column 5: Indicate Column 6: Compar- in block	or to June 25, 1981, call sign for each dis the DSE for this star the accounting perio the basis of carriage CC rules and regular ecialty programming (d)(1),76.61(e)(1), or rogramming: Carriage (e)(3)). arriage under certair al instructions in the the station's DSE for e the DSE figures lis B, column 3 of part	tifed by the letter "F" ng part-time and sub- r "F" in column 2 of p d, occurring betweer and DSE occurred if d by listing one of the in effect on June 24 of specialty program 59(d)(3), 76.61(e)(3) prizations. For further as computed in parts ne smaller of the two accurate and is subject	stitute carri part 6 of the n January 1 (e.g., 1981, e following I, 1981. Iming unde n, or 76.63 (r explanatio 2, 3, and 4 o figures he	age. DSE schedule , 1978 and Jun (1) letters r FCC rules, se referring tc on, see page (v of this schedu re. This figure s	i) of the should be	enterei			
	1. CALL	2. PRIOR		OUNTING	00	N A PART-TIME AN 4. BASIS OF		RESENT		RMITTED
	SIGN	2. PRIOR DSE		RIOD		4. BASIS OF CARRIAGE		DSE		DSE
	SIGN	DSE	F L	RIOD		CARRIAGE		53E		DSE
7 Computation of the Syndicated Exclusivity Surcharge	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET • Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?									981?
	Yes—Complete	blocks B and C .			1	X No—Proceed to	part 8			
					L		Parto			
	BLOCK B: C	arriage of VHF/Grad	e B Contour	Stations		BLOCK	(C: Compu	itation of Exem	pt DSEs	
		on that places a gra ble system? tation below with its ap	de B contour	, in whole	ni	Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE			(refe	
	X No—Enter zero a	and proceed to part 8.				X No—Enter zero a	nd proceed t	o part 8.		
	CALL SIGN	DSE C	ALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE
]
		тс	TAL DSEs	0.00	'			TOTAL DS	Es	0.00
		L								

L

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 007704	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,634,685.79	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 any	 v portion of the cable system within a top 50 television market as defined 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? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	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.		
	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 D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

DSE	SCHED	ULE.	PAGE	16

	LEGAL NAM	DSE SCHEDUI	LE. PAGE 16. YSTEM ID#						
Name		CEQUEL COMMUNICATIONS LLC	007704						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)							
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	_						
Surcharge		C. Multiply line B by 3.000 and enter here ▶ \$							
		D. Enter 0.00089 of gross receipts (the amount in section 1)							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge.	<u></u> .						
8 Computation of Base Rate Fee	 o 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 block B I 								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)	_						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	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)	_						
		B. Enter 0.00701 of gross receipts (the amount in section 1)							
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here	-						
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	3,044.79						
		Base Rate Fee	<u></u> .						

LEGAL N	AME OF OWNER OF CABLE SYSTEM: S	YSTEM ID#	Nama
CEQL	IEL COMMUNICATIONS LLC	007704	Name
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4			8
	A. Enter 0.01064 of gross receipts		0
	(the amount in section 1)		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here		Dase Rale 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 broadcast be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel li		
Space			9
receipts	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to from subscribers located within the station's local service area, from your system's total gross receipts. To take advant		Computation of
exclusion	on, you must:		Base Rate Fee and
station	livide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for ear	e number of	Syndicated Exclusivity
Finally	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in par mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belov able system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
	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 station	ו you	for Partially Permitted Stations
	to that community.		Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loca the station's local service area. A subscriber located outside the local service area of a station is distant to that station to 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. Ea ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
•	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system	n's subscriber	
groups.			
	section:		
Give t	y the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of bers in the group.	the	
• lf:			
, .	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in p f this schedule; or,	arts 2, 3,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bloo 6 of this schedule.	жВ,	
• Add th	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general inst paper SA3 form.	ructions	
page. I 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 pre n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that i or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need t calculations on the form.	s, the total	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID
Name	CEQUEL COMMUNICATIONS LLC	007704
	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.	
l		

LEGAL NAME OF OWNER						SY	STEM ID# 007704	Name
BL				TE FEES FOR EACH				
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-				-		Base Rate Fee
								and Syndicated
		-				-		Exclusivity
								Surcharge
		-						for
		-						Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs	<u> </u>		0.00	
	Gross Receipts First Group \$ 0.00			Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	Base Rate Fee First Group \$ 0.00			Base Rate Fee Second Group \$ 0.00				
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROUI	Þ	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-				-		
		-						
		-						
						-		
		-						
Total DSEs 0.00		0.00	Total DSEs		0.00			
Gross Receipts Third Group \$ 0.0		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 Enter here and in block			iber group	as shown in the boxes a	bove.	\$	0.00	

D				TE FEES FOR EAG			
D		SUBSCRIBER GRO				SUBSCRIBER GROUP	JP
OMMUNITY/ AREA			0	COMMUNITY/ ARE			0
							_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						-	
		-					
		-					
		-					
		-					
		-					
		-					
	4						
al DSEs			0.00	Total DSEs			0.00
ss Receipts First G	roup	\$	0.00	Gross Receipts Second Group		\$ 0.00	
e Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
		SUBSCRIBER GRO			FOURTH	SUBSCRIBER GROU	
/MUNITY/ AREA		SUBSCRIBER GRU	<u>0</u>	COMMUNITY/ ARE		SUBSCRIBER GROU	<u> </u>
WIVIONITI // AREA			U	COMMUNITY ARE	A		U
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
		-					
tal DSEs			0.00	Total DSEs			0.00
	a a a a a a a a a a a a a a a a a a a	S	0.00	Total DSEs Gross Receipts Fou	rth Group	S	0.00
otal DSEs ross Receipts Third (J. J	\$			rth Group		
ross Receipts Third (<pre>s</pre>	0.00	Gross Receipts Fou			0.00
		s s				S	
s Receipts Third (S S	0.00	Gross Receipts Fou			0.00
es Receipts Third (e Rate Fee Third (Group	\$	0.00	Gross Receipts Fou	rth Group		0.00
Receipts Third (Rate Fee Third (Rate Fee Third (Rate Fee: Add ti	Group	\$	0.00	Gross Receipts Fou Base Rate Fee Fou	rth Group		0.00

Name		A3E. PAGE 20. SYSTEM ID# 007704						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GI	ROUP						
9	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 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 of	First 50 major television market							
Base Rate Fee and	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	-						
Syndicated Exclusivity Surcharge for Partially Distant	 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 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. 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 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 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	_						
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)							