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.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
	\$					
2-28-20	ALLOCATION NUMBER					
2-20-20						

SA3E Long Form

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	2019/2									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines of the were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account of the covering the system's ID.	ss of the cable syster on the last day of to	em. he accounting period should so							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	CABLE ONE, INC.									
				01057620192						
				010576 2019/2						
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626									
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•								
System	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	of the system, if di	fferent from the address gi	ven in space B.						
System	SPARKLIGHT									
	MAILING ADDRESS OF CABLE SYSTEM: 1930 BREWER RD. (Number, street, rural route, apartment, or suite number) DYERSBURG, TN 38024 (City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and i	relist on page 1b						
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First	DYERSBURG	TN								
Community	Below is a sample for reporting communities if you report multiple ch		·							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alliana	MD	A	1						
	Alliance Gering	MD MD	В	3						
	Coming	HID	U U	J						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this 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 sufficiency of the fling, a determination that would be made by a court of law.

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
CABLE ONE, INC. 010576								
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 fillings.								
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	e parks should b	e reported in pare	entheses					
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).								
When reporting the carriage of television broadcast stations on a community-by-commuchannel 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#					
DYERSBURG	TN			First				
DYER COUNTY	TN			Community				
				See instructions for				
				additional information on alphabetization.				
				·				
				Add rows as necessary.				
		•						

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

010576

E

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.

BLC	OCK 1			BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS	NATE	H	CATEGORT OF SERVICE	SUBSCRIBERS	NATE	
Service to first set	1,891	\$ 40.00					
 Service to additional set(s) 	4,221						
 FM radio (if separate rate) 							
Motel, hotel	3	\$ 7.50					
Commercial	169	\$ 84.00					
Converter							
 Residential 							
Non-residential			ļ [

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLO	CK 1				BLOCK 2		
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	F	RATE	
Continuing Services:			Installation: Non-residential						
 Pay cable 	\$	49.00	Motel, hotel	\$	90.00		EXPANDED BAISC	\$	44.00
 Pay cable—add'l channel 	\$	15.00	Commercial	\$	90.00	ľ	FAMILY PLUS	\$	16.00
 Fire protection 			• Pay cable				STARZ SUPER PAK	\$	19.00
Burglar protection			Pay cable-add'l channel			SHOWTIME	\$	19.00	
Installation: Residential			Fire protection			ľ	НВО	\$	19.00
First set	\$	90.00	Burglar protection				CINEMAX	\$	19.00
Additional set(s)	\$	60.00	Other services:			ľ			
 FM radio (if separate rate) 			Reconnect	\$	90.00	ľ			
 Converter 			Disconnect			ľ			
			Outlet relocation	\$	90.00	ľ			
			Move to new address	\$	30.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010576 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 4. DISTANT? 1. CALL 2. B'CAST 3. TYPE 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL CARRIAGE** OF (Yes or No) **NUMBER STATION** (If Distant) WATN 25 MEMPHIS, TN Ν No WBBJ-DT1 43 N-M No JACKSON, TN See instructions for additional information WBBJ-DT2 43 N-M No JACKSON, TN on alphabetization. **WDYR-LP** 33 DYERSBURG, TN ı No **WHBQ** 13 ı No MEMPHIS, TN **WKNO** 29 Ε No MEMPHIS, TN **WLJT** 47 Ε Yes 0 LEXINGTON, TN WLMT 31 ı No MEMPHIS, TN 5 **WMC** Ν No MEMPHIS, TN WMC-2 5 I-M No MEMPHIS, TN 5 WMC-3 I-M MEMPHIS, TN No **WPXX** 51 ı MEMPHIS, TN No **WREG** No MEMPHIS, TN 28 Ν

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				010576	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary	
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: 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).							
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s 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 ex-							
cable system carried t carried the distant stat	ave entered "Y he distant station on a part-ti	es" in column on during the me basis bec	accounting perions of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system capacity.		
of a written agreement the cable system and	t entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, be ssociation repre	etween a cable system actions are senting the prima	y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further		
explanation of these the Column 6: Give the	nree categories e location of ea	, see page (v ich station. Fo	of the general or U.S. stations,	instructions locate	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.		
Note: If you are utilizing	ng multiple cha	•	use a separate EL LINE-UP	•	channel line-up.		
	o DIGAGE						
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		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010576 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 AC 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				010576	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 981, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
substitute program bas	sis, as explaine	d in the next	paragraph.	· / / / · / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: 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	e channel num	ber the FCC I	has assigned to	the television sta	tion for broadcasting over-the-air in s may be different from the channel		
on which your cable sy Column 3: Indicate	ystem carried the in each case	ne station. whether the s	tation is a netwo	ork station, an ind	ependent station, or a noncommercial		
(for independent multi- For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), d ne general instru	or "E-M" (for nonc ections located in			
planation of local servi	ice area, see p	age (v) of the	general instruc	tions located in th	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your		
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	stering "LAC" if your cable system capacity. y payment because it is the subject		
of a written agreement the cable system and	t entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, be association repre	etween a cable sy esenting the prima	stem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further		
explanation of these the Column 6: Give the	nree categories e location of ea	, see page (v ach station. Fo) of the general or U.S. stations,	instructions locate	ed in the paper SA3 form. by to which the station is licensed by the		
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	h which the station is identifed. n channel line-up.		
	1	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		

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				010576	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and easis, as explaine	(4), or 76.63 (ed in the next	referring to 76.6 paragraph.	31(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0Do not list the station station was carried	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
	nformation con				tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
			-		tion for broadcasting over-the-air in a may be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for r ese terms, see	noncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	ommercial educational multicast).	
-	ave entered "Y	es" in column	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of t	he community wit	y to which the station is licensed by the h which the station is identifed. I channel line-up.	
		CHANN	EL LINE-UP	AE		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)		

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				010576	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under eain network programs [sections	G		
substitute program basis \$	sis, as explaine Stations: With	d in the next respect to an	paragraph. y distant station	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television		
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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).								
its community of licens on which your cable sy	se. For example stem carried the	e, WRC is Ch ne station.	annel 4 in Wasl	hington, D.C. This	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial			
educational station, by (for independent multi- For the meaning of the	entering the lecast), "E" (for nese terms, see ation is outside	etter "N" (for noncommercial page (v) of the the local ser	etwork), "N-M" (al educational), o e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonc actions located in t distant"), enter "Y	cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-			
Column 5: If you h cable system carried t carried the distant state	ave entered "Y he distant station ion on a part-ti	es" in column on during the me basis bec	accounting perions of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system			
the cable system and tion "E" (exempt). For explanation of these the	a primary trans simulcasts, als rree categories	mitter or an a o enter "E". If , see page (v	ssociation repre you carried the) of the general	esenting the prima channel on any o instructions locate	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.			
	Canadian statio	ons, if any, giv	e the name of the	he community with	y to which the station is licensed by the n which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AF				
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			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010576 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 AG 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
CABLE ONE, II	NC.				010576	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary	
substitute program ba	sis, as explaine	ed in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: 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 its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel		
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of the the local ser	e general instru vice area, (i.e. "	ctions located in t distant"), enter "Y	es". If not, enter "No". For an ex-		
cable system carried t	ave entered "Y he distant station	es" in column on during the	4, you must co accounting peri	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system		
of a written agreemen	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing		
tion "E" (exempt). For explanation of these the	simulcasts, als rree categories	o enter "E". If , see page (v	you carried the) of the general	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.		
	Canadian statio	ons, if any, giv	e the name of t	he community with	y to which the station is licensed by the h which the station is identifed. I channel line-up.		
		CHANN	EL LINE-UP	AH			
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		
	NOMBER	OTATION		(II Distant)			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				010576	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary	
substitute program basis \$				s carried by your	cable system on a substitute program	Transmitters: 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).							
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel		
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 cha							
	I		EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				010576	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	reactions 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 ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Primary Transmitters: 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, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the	e in each case of the e	whether the setter "N" (for no oncommercian page (v) of the	etwork), "N-M" (al educational), (e general instru	(for network multion or "E-M" (for nonc actions located in t	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi Column 5: If you h	ice area, see p ave entered "Y he distant statio	age (v) of the es" in column on during the	general instruct 4, you must co accounting peri	tions located in the mplete column 5, od. Indicate by en	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
For the retransmiss of a written agreement the cable system and	sion of a distan t entered into o a primary trans	t multicast str n or before Ju mitter or an a	eam that is not sune 30, 2009, be ssociation repre	subject to a royalt etween a cable sy esenting the prima	y payment because it is the subject stem or an association representing transmitter, enter the designa-	
explanation of these the Column 6: Give the FCC. For Mexican or 0	nree categories e location of ea Canadian static	, see page (vach station. Fons, if any, giv	of the general or U.S. stations, we the name of t	instructions locate list the communit he community with	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the humber which the station is identifed.	
Note: If you are utilizing	ng multiple cha	•	use a separate EL LINE-UP	•	channel line-up.	
4 0011	O D'OACT				C LOCATION OF STATION	
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	

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				010576	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
In General: In space (carried by your cable s	G, identify ever	y television s he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
substitute program ba	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:							
	•		st it in space I (th	ne Special Statem	ent and Program Log)—if the		
basis. For further in the paper SA3 fo	and also in spanformation condormation	ace I, if the sta cerning subst	itute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify		
		-			ation. For example, report multi-		
cast stream as "WETA WETA-simulcast).	\-2". Simulcast	streams mus	st be reported in	column 1 (list eac	ch stream separately; for example tion for broadcasting over-the-air in		
its community of licens on which your cable sy	se. For examplystem carried tl	e, WRC is Ch ne station.	nannel 4 in Was	hington, D.C. This	ependent station, or a noncommercial		
educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local serv	entering the lecast), "E" (for nese terms, see ation is outside ice area, see p	etter "N" (for rancommercial page (v) of the the local serage (v) of the	network), "N-M" (al educational), (ne general instru vice area, (i.e. " general instruc	(for network multion or "E-M" (for nonce actions located in the distant"), enter "Yotions located in the	cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form.		
cable system carried t carried the distant stat For the retransmiss	he distant stati ion on a part-ti sion of a distan	on during the me basis bec t multicast str	accounting peri ause of lack of a eam that is not	od. Indicate by en activated channel subject to a royalt	stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing		
tion "E" (exempt). For explanation of these th Column 6: Give th	simulcasts, als ree categories e location of ea	o enter "E". If s, see page (v ach station. Fo	you carried the of the general or U.S. stations,	channel on any o instructions locate list the communit	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		
FCC. For Mexican or (Note: If you are utilizing					h which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AK			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION	` ′	(If Distant)			
]	
]	
						1	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				010576	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	reactions 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 ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Primary Transmitters: 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, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
Column 2: Give th	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel	
Column 3: Indicate educational station, by	e in each case of entering the le	whether the setter "N" (for n	etwork), "N-M" ((for network multic	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the Column 4: If the st planation of local services	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
Column 5: If you h	ave entered "Y he distant station	es" in column on during the	4, you must co	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system	
of a written agreement	t entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	y payment because it is the subject stem or an association representing ary transmitter, enter the designa-	
explanation of these th	ree categories	, see page (v	of the general	instructions locate	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	
	Canadian statio	ons, if any, giv	e the name of t	he community with	n which the station is identifed.	
		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	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				010576	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	reactions 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 ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Primary Transmitters: 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.						
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each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
Column 2: Give th	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-	e in each case of entering the lecast), "E" (for n	whether the setter "N" (for n oncommercia	etwork), "N-M" (al educational), ((for network multion or "E-M" (for nonc	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast).	
planation of local serv	ation is outside ice area, see p	the local ser age (v) of the	vice area, (i.e. " general instruc	distant"), enter "Yo tions located in the	es". If not, enter "No". For an ex- e paper SA3 form.	
cable system carried t carried the distant stat	he distant stationion on a part-ti	on during the me basis bec	accounting peri ause of lack of a	od. Indicate by en activated channel	•	
of a written agreement the cable system and	t entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, be ssociation repre	etween a cable system actions are setting the prima	y payment because it is the subject stem or an association representing ary transmitter, enter the designa-	
explanation of these th	ree categories	, see page (v	of the general	instructions locate	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	
	Canadian statio	ons, if any, giv	e the name of t	he community with	n which the station is identifed.	
		CHANN	EL LINE-UP	AM		
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	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				010576	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	n 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 ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Primary Transmitters: 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, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the	e in each case of the e	whether the s etter "N" (for n oncommercia page (v) of th	etwork), "N-M" (al educational), (e general instru	(for network multion or "E-M" (for nonc actions located in t	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-	
	ave entered "Y he distant station	es" in column on during the	4, you must co	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system	
of a written agreement the cable system and	t entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, be ssociation repre	etween a cable system actions are setting the prima	y payment because it is the subject stem or an association representing ary transmitter, enter the designa-	
explanation of these the Column 6: Give the FCC. For Mexican or 0	nree categories e location of ea Canadian static	, see page (v nch station. Fo ns, if any, giv	of the general or U.S. stations, we the name of the	instructions locate list the communit he community with	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the hy which the station is identifed.	
Note: If you are utilizing	ng multiple cha	•	use a separate EL LINE-UP	•	channel line-up.	
4 0411	o Digast				S LOCATION OF STATION	
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	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010576 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 AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				010576	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	n 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 ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Primary Transmitters: 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, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
Column 2: Give the its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of the the local ser	e general instru vice area, (i.e. "	ctions located in t distant"), enter "Y	es". If not, enter "No". For an ex-	
cable system carried t	ave entered "Y he distant station	es" in column on during the	4, you must co accounting peri	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system	
of a written agreement	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing	
tion "E" (exempt). For explanation of these the	simulcasts, als ree categories	o enter "E". If , see page (v	you carried the) of the general	channel on any o	ther basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of t	he community witl	y to which the station is licensed by the had which the station is identifed. In 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	

			•			

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				010576	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary	
substitute program bas				s carried by your	cable system on a substitute program	Transmitters: Television	
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:							
	•		st it in space I (th	ne Special Statem	ent and Program Log)—if the		
basis. For further in in the paper SA3 fo	and also in spanformation condormation	ace I, if the st cerning subst	itute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located		
		-			es such as HBO, ESPN, etc. Identify ation. For example, report multi-		
cast stream as "WETA WETA-simulcast).	\-2". Simulcast	streams mus	st be reported in	column 1 (list eac	ch stream separately; for example		
			•		s may be different from the channel		
on which your cable sy	stem carried tl	ne station.			•		
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
(for independent multi-	cast), "E" (for n	oncommercia	al educational), d	or "E-M" (for nonc	ommercial educational multicast).		
For the meaning of the Column 4: If the st					he paper SA3 form. es". If not, enter "No". For an ex-		
planation of local servi	ice area, see p	age (v) of the	general instruc	tions located in the	e paper SA3 form.		
			•	•	stating the basis on which your tering "LAC" if your cable system		
carried the distant stat		•	• •	•	• • •		
					y payment because it is the subject		
•				•	stem or an association representing ry transmitter, enter the designa-		
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ther basis, enter "O." For a further		
					ed in the paper SA3 form. y to which the station is licensed by the		
					y to which the station is licensed by the hy which the station is identifed.		
Note: If you are utilizing							
		CHANN	EL LINE-UP	AQ			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1	
SIGN	CHANNEL		(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
	I	I				1	

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				010576	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
_	6.61(e)(2) and ((4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	Stations: With	respect to an	y distant station	s 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			st it iii space i (ii	ie opeciai otatem	ient and Program Log/—ii the	
	nformation cond				tute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			•	,	tion for broadcasting over-the-air in	
			nannel 4 in Was	hington, D.C. This	s may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
	•	,	, .	•	cast), "I" (for independent), "I-M"	
For the meaning of the	, .		, .	,	ommercial educational multicast). he paper SA3 form.	
Column 4: If the st	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local servi					e paper SA3 form. stating the basis on which your	
-			•	•	tering "LAC" if your cable system	
carried the distant stat	•				•	
					y payment because it is the subject stem or an association representing	
_				•	ary transmitter, enter the designa-	
					ther basis, enter "O." For a further	
					ed in the paper SA3 form. by to which the station is licensed by the	
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	e the name of t	he community wit	h which the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	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		(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
						•

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010576 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 AS 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				010576	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	reactions 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 ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Primary Transmitters: 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, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the	e in each case of the each case of the each cast), "E" (for no ese terms, see that its outside each cation is outside	whether the setter "N" (for no oncommercial page (v) of the the the local ser	etwork), "N-M" (al educational), d e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonconctions located in t distant"), enter "Y	es". If not, enter "No". For an ex-	
Column 5: If you he cable system carried the distant state. For the retransmiss	ave entered "Y he distant station ion on a part-tion sion of a distan	es" in column on during the me basis bec t multicast str	a 4, you must co accounting peri ause of lack of a eam that is not	mplete column 5, od. Indicate by en activated channel subject to a royalt	stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject	
the cable system and tion "E" (exempt). For explanation of these the	a primary trans simulcasts, als nree categories	mitter or an a o enter "E". If , see page (v	ssociation repre you carried the) of the general	esenting the prima channel on any o instructions locate	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	
FCC. For Mexican or Onto: If you are utilizing				•	n which the station is identifed. channel line-up.	
		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	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				010576	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	n 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 ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Primary Transmitters: 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, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st	e in each case of the entering the lecast), "E" (for no ese terms, see tation is outside	whether the setter "N" (for no oncommercial page (v) of the the the local ser	etwork), "N-M" (al educational), d e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonconctions located in t distant"), enter "Y	es". If not, enter "No". For an ex-	
cable system carried t carried the distant stat	ave entered "Y he distant station ion on a part-ti	es" in column on during the me basis bec	a 4, you must co accounting peri ause of lack of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system capacity.	
of a written agreement the cable system and	t entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, be ssociation repre	etween a cable sy esenting the prima	y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further	
explanation of these the Column 6: Give the FCC. For Mexican or 0	nree categories e location of ea Canadian static	, see page (vach station. Fons, if any, giv	of the general or U.S. stations, we the name of t	instructions locate list the communit he community with	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
Note: If you are utilizing	ng multiple cha	•	use a separate EL LINE-UP	•	channel line-up.	
4 CALL	2 P'CAST				6 LOCATION OF STATION	
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	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				010576	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	n 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 ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Primary Transmitters: 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, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st	e in each case of the each case of the each cast), "E" (for no ese terms, see that its outside each cation is outside	whether the setter "N" (for no oncommercial page (v) of the the local ser	etwork), "N-M" (al educational), d e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonc actions located in t distant"), enter "Y	es". If not, enter "No". For an ex-	
cable system carried t carried the distant stat	ave entered "Y he distant station on a part-ti	es" in column on during the me basis bec	a 4, you must co accounting peri ause of lack of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system capacity.	
of a written agreement the cable system and	t entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, be ssociation repre	etween a cable system actions are setting the prima	y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further	
explanation of these the Column 6: Give the	nree categories e location of ea	, see page (v ich station. Fo	of the general or U.S. stations,	instructions locate	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
Note: If you are utilizing	ng multiple cha	•	use a separate EL LINE-UP	•	channel line-up.	
	<u></u>					
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	

LEGAL NAME OF OWN	NER OF CABLE S	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				010576	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
•				•	and (2) certain stations carried on a	Primary
substitute program ba				c carried by your	cable system on a substitute program	Transmitters:
basis under specifc F(s carried by your	cable system on a substitute program	Television
			st it in space I (th	ne Special Statem	ent and Program Log)—if the	
basis. For further in the paper SA3 fo	and also in spanformation concorm.	ace I, if the sta cerning subst	itute basis statio	ons, see page (v)	itute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify ation. For example, report multi-	
cast stream as "WETA WETA-simulcast).	A-2". Simulcast	streams mus	st be reported in	column 1 (list eac	ch stream separately; for example	
			-		tion for broadcasting over-the-air in s may be different from the channel	
on which your cable sy Column 3: Indicate	ystem carried t e in each case	he station. whether the s	tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
	•	,	, .	,	cast), "I" (for independent), "I-M" commercial educational multicast).	
For the meaning of the	ese terms, see	page (v) of th	ne general instru	ctions located in	the paper SA3 form.	
planation of local serv					es". If not, enter "No". For an ex- e paper SA3 form.	
Column 5: If you h	ave entered "Y	es" in columr	1 4, you must co	mplete column 5,	stating the basis on which your	
cable system carried t carried the distant stat		•	• •	•	stering "LAC" if your cable system	
For the retransmiss	sion of a distan	t multicast str	eam that is not	subject to a royalt	y payment because it is the subject	
•				•	stem or an association representing ary transmitter, enter the designa-	
,					other basis, enter "O." For a further	
					ed in the paper SA3 form. by to which the station is licensed by the	
					h which the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	n channel line-up.	
		CHANN	EL LINE-UP	AW		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
						1

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010576 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2019/2

CABLE ONE, INC.	CABLE SYST	EM:				SYSTEM ID# 010576	Name
_	ify every no	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former Fo	a distant stat CC rules, regi	ulations, or authorization	s. For a further	Substitute
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? — Yes X No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station							
under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	gulations, of tion. Do not be ucy" or "NE of was broad sign of the stationard and the and day we "5/7." es when the Example: a stationard and regulation ogramming	or authorization of use general BA Basketball: deast live, enterstation broader on's location (tons, if any, the when your system of a program carrolisted program ons in effect desired and the statement of the	ns. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "lasting the substitute programe to community to which the community with which the stem carried the substitute or program was carried by your ried by a system from 6:01 in was substituted for programing the accounting perior	neral instructor "basketball No." am. e station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the l	ions located in the paper. ". List specific program ensed by the FCC or, in entified). e numerals, with the mon. List the times accurate 28:30 p.m. should be your system was requiretter "P" if the listed pro-	er onth ely ed	
S	UBSTITUT	E PROGRAM 3. STATION'S			EN SUBSTITUTE LIAGE OCCURRED 6. TIMES	7. REASON FOR DELETION	
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 010576 **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-J 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 **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log 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 • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

	IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name			
CA	BLE ONE, INC.		010576				
Inst all a (as	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmiss	sion service	K Gross Receipts			
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$	602,514.14				
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of	gross receipts)				
InstruConConIf yo fee tIf yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. applete block 2, showing whether your system carried any distant television stations. For block 3 blank. Enter the arrient block 1 on line 1 of block 4, and calculate the total royalty fee. For block 2 any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.			Copyright Royalty Fee			
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $k = 1$ 3 below.	e entered on line	e 1 of				
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2	in block				
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered o	n line				
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K						
	Line 2. Multiply the amount in line 1 by 0.01064		002,014.14				
	Enter the result here. This is your minimum fee. \$ 6,410.75						
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. Did your cable system carry any distant television stations during the accounting period of Yes—Complete the DSE schedule. X No—Leave block 3 below blank and control of Yes—Complete the DSE schedule. 	nn 4, you must c	heck				
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	\$	6,410.75				
	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	\$	6,410.75				
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	\$	6,410.75	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. 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 appropriate			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of t	he	additional fees.			

ACCOUNTING PERIOD: 2019/2
FORM SA3E. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	010576
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.	
Onameis	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.yearwood@cableone.biz Fax (optional) 602-364-6013	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• 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	
	(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.	tem
	• 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)]	
	/s/ Raymond Storck	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	e "F2"
	Typed or printed name: RAYMOND STORCK	
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
	Date: February 28, 2020	

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 this 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.

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name					
CABLE ONE, INC.	010576						
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 ad lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see	r the basic ot include sub-	P Special Statement					
For more information on when to exclude these amounts, see the note on page (vii) of the general instruct paper SA3 form.	ions in the	Concerning Gross Receipts Exclusion					
During the accounting period did the cable system exclude any amounts of gross receipts for secondary to made by satellite carriers to satellite dish owners?	ansmissions						
X NO							
YES. Enter the total here and list the satellite carrier(s) below							
Name Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late payment or unformation of interest assessment, see page (viii) of the general instructions in the paper SA3 formation of interest assessment, see page (viii) of the general instructions in the paper SA3 formation of interest assessment, see page (viii) of the general instructions in the paper SA3 formation of interest assessment, see page (viii) of the general instructions in the paper SA3 formation of interest assessment, see page (viii) of the general instructions in the paper SA3 formation of interest assessment, see page (viii) of the general instructions in the paper SA3 formation of interest assessment, see page (viii) of the general instructions in the paper SA3 formation of interest assessment, see page (viii) of the general instructions in the paper SA3 formation of interest assessment, see page (viii) of the general instructions in the paper SA3 formation of interest assessment in the paper SA3 formation of interest as a second of the paper SA3 formation of interest as a second of the paper SA3 formation of interest as a second of the paper SA3 formation of		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	days						
	x 0.00274						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_						
	nterest charge)						
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assicontact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance please						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright please list below the owner, address, first community served, accounting period, and ID number as given 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 this 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: 2019/2

DSE SCHEDULE, PAGE 11. (CONTINUED)

	CVCTEM ID#							
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM							
•	CABLE ONE, INC. 01057							
	SUM OF DSEs OF CATEGORY "O" STATIONS:							
	 Add the DSEs of each station 							
	Enter the sum here and in line	91	1.00					
	Instructions:							
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5							
_	of space G (page 3).							
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."							
of DSEs for								
Category "O"								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	WLJT	1.000						
Add rows as								
necessary.								
Remember to copy								
all formula into new								
rows.								

			=
	I		

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

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						S	YSTEM ID#
Name	CABLE ONE	, INC.							010576
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.								
Capacity		C	ATEGORY L	AC STATIONS:	COMPUTATI	ION OF D	SEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	SE
			÷		=	X		=	
			<u>÷</u>		=	X		=	
			÷ ÷			×		=	
						^			
			÷		=	X		=	
			÷	:	=	x		=	
			÷		=	x		=	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of page 2.		edule,			0.00		
Computation of DSEs for Substitute-Basis Stations	 Was carried tions in effections in effections. Broadcast of space I). Column 2: If at your option. Column 3: If Column 4: If Column 4: If If	e the call sign of each stands by your system in substant on October 19, 1976 (one or more live, nonnetwork for each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a prog as shown by the ork programs dur number of live, spond with the in s in the calendar an 2 by the figure	ram that your system eletter "P" in column ing that optional carronnetwork program formation in space I year: 365, except in e in column 3, and gi	n was permitted to a various permitted to a varied in substant a leap year.	to delete und d the word "Ye stitution for pr	er FCC rules s" in column 2 rograms that v	of were deleted than the third	rm).
		SU	BSTITUTE-B	SASIS STATION	S: COMPUTA	ATION OF	DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBEF OF DAYS IN YEAR	_	1. CALL SIGN	2. NUN OF PRO	MBER DGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷		=
		÷		=			÷		=
		÷		=			÷		=
				_			÷		
		÷		=			÷		=
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS:	edule,			0.00		
5		ER OF DSEs: Give the ames applicable to your system		oxes in parts 2, 3, and	1 4 of this schedul	e and add the	em to provide t	the total	
Total Number	1. Number o	f DSEs from part 2 ●						1.00	
of DSEs	2. Number of DSEs from part 3 ● ▶								
	3. Number o	f DSEs from part 4 ●				>		0.00	
	TOTAL NUMBE	R OF DSEs					<u> </u>		1.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/2

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 010576	Name
,								010376	
Instructions: Bloc In block A: • If your answer if schedule.	•		art 6 and part 7	of the DSE sched	dule blank and	l complete part	8, (page 16) of th	e	6
If your answer if	"No," complete blo			ELEVICION M	ADVETO				Computation of
Is the cable syster effect on June 24,	1981?	utside of all m	najor and small		ned under sed		CC rules and regul	lations in	3.75 Fee
=	plete part 8 of the plete blocks B and		O NOT COMP	LETE THE REMAI	INDER OF PA	RT 6 AND 7.			
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Scheo	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of the 25, 1981. For fur the letter M below record of 2010.)	rther explanat	ion of permitted	d stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre	lles and reguled pursuant to on as defined al educational station (76.6 or DSE schedunt to individuciously carried of the station with the sta	ations cited be to the FCC mar in 76.5(kk) (76 station [76.59 station]) (see paragrule). It waiver of FC d on a part-time ithin grade-B co	e or substitute bas ontour, [76.59(d)(5	se in effect on 5.57, 76.59(b), (1), 76.63(a) 3(a) referring stitution of gradius prior to Jun	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 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	
WLJT	С	1.00							
								1.00	
		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	oart 5 of this s	schedule					
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve					
Line 3: Subtract (If zero, l				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	ınd enter suı	m here				. X		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

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

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

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 010576	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROUI	Ρ		SECOND	SUBSCRIBER GROUP	1	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WLJT	1.00							Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	•	\$	0.00	Base Rate Fee Secon		\$	0.00	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GROUI	0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
					0	•	_	
Gross Receipts Third Gr Base Rate Fee Third Gr		\$	0.00	Gross Receipts Fourth Base Rate Fee Fourth		\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes at	ove.	\$	0.00	

		DED ODOUG	CLIDOOD	TE EEEO EOO E 4 0:				
	IP	SUBSCRIBER GROUP		TE FEES FOR EACI		SUBSCRIBER GROU		<u>E</u>
9	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv								
Surchar for								
Partiall								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	aroup	Gross Receipts First G
		_	a Group	Cross ressipte coss			Тобр	rices rescipte i net c
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	ase Rate Fee First G
	P							
	JP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GROU		
	JP 0	SUBSCRIBER GROL	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU		
		SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA		SUBSCRIBER GROU		
	0				0		SEVENTH	COMMUNITY/ AREA
	0				0		SEVENTH	OMMUNITY/ AREA
	0				0		SEVENTH	OMMUNITY/ AREA
	0				0		SEVENTH	OMMUNITY/ AREA
	0				0		SEVENTH	COMMUNITY/ AREA
	0				0		SEVENTH	COMMUNITY/ AREA
	0				0		SEVENTH	COMMUNITY/ AREA
	0				0		SEVENTH	COMMUNITY/ AREA
	0				0		SEVENTH	COMMUNITY/ AREA
	0				0		SEVENTH	COMMUNITY/ AREA
	0				0		SEVENTH	COMMUNITY/ AREA
	0				0		SEVENTH	COMMUNITY/ AREA
	0				0		SEVENTH	OMMUNITY/ AREA
	0				0		SEVENTH	OMMUNITY/ AREA CALL SIGN
	DSE		DSE	CALL SIGN	DSE		DSE	OMMUNITY/ AREA CALL SIGN otal DSEs
	0 DSE	CALL SIGN	DSE	CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA

		201401/747/6::-		TE EEEO EOO = : :	11.01.50.02	IDED 050115		
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	IP	
MMUNITY/ AREA	ININTIT	SUBSCRIBER GRO	0	COMMUNITY/ AREA 0				
ALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
		07.22 0.0.1				0,122 0.01	302	Base Rat
								and
								Syndica
				.				Exclusiv
				.				Surchai for
								Partial
								Distar
								Station
al DSEs			0.00	Total DSEs			0.00	
ss Receipts First Group	0	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
30 (1000)pto 1 mot 0.10up		_			ona Group			
e Rate Fee First Group	ρ	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
					<u> </u>			
ELEV	/ENTH	SUBSCRIBER GRO	UP			SUBSCRIBER GROU	JP	
ELE\ MMUNITY/ AREA	/ENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0	
MMUNITY/ AREA	VENTH	SUBSCRIBER GRO		COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU		
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA			0		TWELVTH		0	
MMUNITY/ AREA	DSE		DSE	CALL SIGN	DSE		DSE	
MMUNITY/ AREA	DSE	CALL SIGN	0 DSE	Total DSEs	DSE	CALL SIGN	0 DSE	
MMUNITY/ AREA	DSE	CALL SIGN	0 DSE	Total DSEs	TWELVTH	CALL SIGN	0 DSE	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 010576	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIF	RTEENTH	SUBSCRIBER GROU	Р	FOU	RTEENTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
							•	Surcharge
								for
							•	Partially Distant
								Stations
								Oldii Olio
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIF	TEENTH	SUBSCRIBER GROU	Р	S	IXTEENTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			•••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	e base rat o 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

ABLE ONE, INC	•						010576	Name
				TE FEES FOR EAC				
	NTEENTH	SUBSCRIBER GRO		II		SUBSCRIBER GROU		9
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-,						Base Rate
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First C	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
Ν	INTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	I SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
•	-				•			
ase Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				11				

	D			TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	SUBSCRIBER GROU	-3ECUND	COMMUNITY/ AREA	0	SUBSCRIBER GRUC	1 1-FIKS1	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv								
Surchar for								
Partial								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
		\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GROU	Y-THIRD	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
		•	0	Gross Receipts Fourth	0.00	\$	roun	Gross Receipts Third G
	0.00	\$	Group		0.00	<u>*</u>	oup	oross Necelpts Tillia O

CABLE ONE, IN	C.						010576	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		†		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α	0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Γotal 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	
TWENT	Y-SEVENTH	SUBSCRIBER GRO)UP	TWE	NTY-EIGHTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
		II our oor	T 505		T 505	Полион	T 505	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
·	•				•			
Base Rate Fee Third	1 Group	¢	0.00	Base Rate Fee Fou	urth Group	¢	0.00	
Dase Rale Fee THIF	а Отоир	φ	0.00	Dase Rate ree roo	nai Gioup	\$	0.00	
				••				
			criber group	as shown in the boxes	s above.			
Enter here and in blo	ck 3, line 1,	space L (page 7)				\$		

76 Name				TE EEES EOD EACH				
						COMPUTATION OF		
9		SUBSCRIBER GROU	THIRTIETH			SUBSCRIBER GROU	NTY-NINTH	
Computation	OMMUNITY/ AREA			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated								
Exclusivity Surcharge								
for			<u> </u>					
Partially								
Distant		-						
Stations			-					
_								
_	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First Gr
- - -								
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	3ase Rate Fee First Gr
		\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROU		
	JP			THIRT	JP			THIR
D	JP			THIRT	JP			THIR
D	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA
D	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA
D	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA
D	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA
D	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA
D	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA
D	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA
D	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA
D	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA
D	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA
D	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA
D	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA
	JP O DSE	SUBSCRIBER GROU	Y-SECOND	THIRT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	RTY-FIRST	THIR COMMUNITY/ AREA CALL SIGN
	DSE O.00	SUBSCRIBER GROU	Y-SECOND DSE	THIRT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	THIR COMMUNITY/ AREA CALL SIGN Fotal DSEs
	JP O DSE	SUBSCRIBER GROU	Y-SECOND DSE	THIRT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	THIR COMMUNITY/ AREA CALL SIGN
	DSE O.00	SUBSCRIBER GROU	Y-SECOND DSE	THIRT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE 0 0 0 0 0 0 0 0 0 0 0 0	CALL SIGN	DSE	THIR COMMUNITY/ AREA CALL SIGN Fotal DSEs

	C.						010576	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit Surcharge
								for
								Partially
								Distant
								Stations
otal 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	
TI	HRTY-FIFTH	SUBSCRIBER GRO)UP	Т	HIRTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	<i></i>		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	e e	0.00	Base Rate Fee Fou	irth Group	¢	0.00	
Just Nate Fee Hill	a Oroup	Ψ	0.00		iiii Oloup	\$	0.00	
Base Rate Fee: Add			criber group	as shown in the boxe	s above.			
		space L (page 7)				\$		

CABLE ONE, INC		E SYSTEM:				S	010576	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
	·······							
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 GRO		<u> </u>		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			O	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·······							
		-						
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	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.	\$		

	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9 Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv								
Surchar								
for								
Partiall Distan								
Station								
Otation.								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00							
		\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROU	Y-FOURTH	FORT	IP	SUBSCRIBER GROL	Y-THIRD	FORT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
							-	
							-	
	0.00			Total DSEs	0.00			otal DSEs
			_					
				Gross Receipts Fourth	0.00	\$	oup	iross Receipts Third Gr
	0.00	\$	Group	·			'	•

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				SY	STEM ID# 010576	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR	TY-FIFTH	SUBSCRIBER GROU	JP	FOR	RTY-SIXTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
			<u> </u>		<u> </u>			Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FORTY-S	SEVENTH	SUBSCRIBER GROU	JP	FORT	Y-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	
				••				
			riber group	as shown in the boxes al	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	ID	
OMMUNITY/ AREA	I-INIIN I ITI	SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GROU	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
SALE SIGIV	DOL	CALL SIGIN	DOL	GALL SIGN	DOL	CALL SIGIV	DOL	Base Rate
								and
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,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,							
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gro	าเก	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
oos recorpts i not ore	ч	<u> </u>		Cross Receipts Geed	та Стоар	Ψ	0.00	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIFT	V FIDOT							
FIFTY-FIRST SUBSCRIBER GROUP OMMUNITY/ AREA 0		FIF	TY-SECOND	SUBSCRIBER GROU	JP			
OMMUNITY/ AREA	<u>Y-FIRST</u>	SUBSCRIBER GRO		COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	
OMMUNITY/ AREA	DSE	CALL SIGN				SUBSCRIBER GROU		
			0	COMMUNITY/ AREA			0	
			0	COMMUNITY/ AREA			0	
			0	COMMUNITY/ AREA			0	
			0	COMMUNITY/ AREA			0	
			0	COMMUNITY/ AREA			0	
			0	COMMUNITY/ AREA			0	
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			0	COMMUNITY/ AREA			0	
			0	COMMUNITY/ AREA			0	
			0	COMMUNITY/ AREA			0	
			0	COMMUNITY/ AREA			0	
			0	COMMUNITY/ AREA			0	
			0	COMMUNITY/ AREA			0	
			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

Name	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
9		SUBSCRIBER GROUI	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate								
Exclusivit Surcharge								
for								
Partially								
Distant								
Stations								
-								
	0.00			Total DSEs	0.00			otal DSEs
•								
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Bross Receipts First Gr
· . 	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First Gr
· ·	0.00	\$	·	Gross Receipts Secon Base Rate Fee Secon		\$	·	Bross Receipts First Gr Base Rate Fee First Gr
· 	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	Base Rate Fee First Gr
· -	0.00		d Group	Base Rate Fee Secon	0.00	\$ \$ SUBSCRIBER GRO	roup	Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	FTY-FIFTH	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	FTY-FIFTH	FIF
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	FTY-FIFTH	Sase Rate Fee First Gr FIF COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	FTY-FIFTH	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	FTY-FIFTH	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	FTY-FIFTH	FIFCOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	FTY-FIFTH	FIFCOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	FTY-FIFTH	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	FTY-FIFTH	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	FTY-FIFTH	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	FTY-FIFTH	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	FTY-FIFTH	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	od Group	Base Rate Fee Secon FI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	FTY-FIFTH	FIF COMMUNITY/ AREA CALL SIGN
	0.00	SUBSCRIBER GROUI	DSE	Base Rate Fee Secon F COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	CALL SIGN	DSE	FIFCOMMUNITY/ AREA CALL SIGN Total DSEs
	0.00	\$ SUBSCRIBER GROUI	DSE	Base Rate Fee Secon FI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	FIF COMMUNITY/ AREA CALL SIGN
	0.00	SUBSCRIBER GROUI	DSE Group	Base Rate Fee Secon F COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00 0.00 0.00	CALL SIGN	FTY-FIFTH DSE Group	FIFCOMMUNITY/ AREA CALL SIGN Total DSEs

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.							O10576	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FIFTY-S	EVENTH	SUBSCRIBER GROU	Р	FIFT	Y-EIGHTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIFT	Y-NINTH	SUBSCRIBER GROU	P		SIXTIETH	SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			••••••					
Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	<u> </u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
	· - F							
Base Rate Fee Third Gr	oup	\$	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 ab	oove.	\$		

CABLE ONE, IN							010576	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SIXTY-THIRD	SUBSCRIBER GRO	DUP	SI	XTY-FOURTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ ARE			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	•	<u>.</u>			•	(·	2.30	
			criber group	as shown in the boxes	s above.			
Inter here and in blo	оск 3, line 1, :	space L (page 7)				\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
				П				
	KTY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
						. –		Stations
Total DSEs			0.00	Total DSEs		•	0.00	
Gross Receipts First G	roup	¢	0.00	Gross Receipts Sec	and Group	¢	0.00	
oross Receipts First G	Ιουρ	4	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-	SEVENTH	SUBSCRIBER GRO	JP	S	IXTY-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
base Mate Lee Time (
Base Rate Fee: Add th	no hace	o foos for each sub-	ribor grave	as shown in the have	a above			

CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							Name	
Si	XTY-NINTH	SUBSCRIBER GRO	UP		SEVENTIETH	SUBSCRIBER GRO	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and Syndicated
								Exclusivity
								Surcharge
		-						for
								Partially
								Distant Stations
								Gianono
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (aroup.	<u> </u>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Srood Redelpto Filor	лоар		<u> </u>	Cross Receipts Cos	ona Group			
Base Rate Fee First C	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-FIRST	SUBSCRIBER GRO	UP	SEVEN	ITY-SECOND	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·······			
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
Base Rate Fee: Add t	he base ra t	te fees for each subs	criber aroup	as shown in the boxes	above.			

Name	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
1									
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	NTY-THIRD		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F									
and									
Syndicate									
Exclusivity Surcharge			-						
for		-							
Partially									
Distant		-							
Stations									
unq									
4									
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	Group	Bross Receipts First Gr	
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	Group	Gross Receipts First Gr	
	0.00	\$	·	Gross Receipts Secon		\$ \$	·	Gross Receipts First Gr Base Rate Fee First Gr	
	0.00		d Group	Base Rate Fee Secon	0.00	\$ \$ SUBSCRIBER GRO	Group	Base Rate Fee First Gr	
=	0.00	\$	d Group	Base Rate Fee Secon	0.00		Group	Base Rate Fee First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00		Group	Base Rate Fee First Gr SEVEN	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN	
	DSE	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second SEVE COMMUNITY/ AREA	JP 0 DSE	SUBSCRIBER GRO	Sroup NTY-FIFTH	SEVEN COMMUNITY/ AREA CALL SIGN	
	0.00 DSE 0.00	\$ SUBSCRIBER GROU CALL SIGN	d Group NTY-SIXTH DSE	Base Rate Fee Second SEVE COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP OSE 0.00	CALL SIGN	DSE	SEVEN COMMUNITY/ AREA CALL SIGN Total DSEs	
	DSE	\$ SUBSCRIBER GROU	d Group NTY-SIXTH DSE	Base Rate Fee Second SEVE COMMUNITY/ AREA	JP 0 DSE	SUBSCRIBER GRO	DSE	SEVEN COMMUNITY/ AREA CALL SIGN	
	0.00 DSE 0.00	\$ SUBSCRIBER GROU CALL SIGN	d Group NTY-SIXTH DSE Group	Base Rate Fee Second SEVE COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP OSE 0.00	CALL SIGN	DSE Stroup	SEVEN COMMUNITY/ AREA CALL SIGN Total DSEs	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							Mana	
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA	<u></u>		0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs		II	0.00	Total DSEs			0.00	
	_							
Bross 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	
SEVI	ENTY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		II						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Rase Rate Fee: Ado	the base ro	te fees for each subs	criber group	as shown in the boxes	s above			
Enter here and in blo			silvoi gioup	as shown in the boxe.	. a.ovo.	\$		

	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
9		SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GRO	HTY-FIRST		
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate I									
and									
Syndicate									
Exclusivit Surcharg									
for									
Partially									
Distant									
Stations									
4									
	0.00			Total DSEs	0.00			otal DSEs	
				Total Bolls					
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G	
		\$	nd Group		0.00	\$	Group	Gross Receipts First G	
		\$				\$ \$	·	Gross Receipts First G Base Rate Fee First G	
=	0.00		nd Group	Gross Receipts Seco	0.00	\$ \$ SUBSCRIBER GRO	Group	3ase Rate Fee First G	
_	0.00	\$	nd Group	Gross Receipts Seco	0.00		Group	3ase Rate Fee First G	
=	0.00 0.00	\$	nd Group	Gross Receipts Seco Base Rate Fee Seco EIGH	0.00		Group	Base Rate Fee First G	
= = - -	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA	
-	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	Group	Base Rate Fee First G EIGH COMMUNITY/ AREA	
	0.00 DSE	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GRO	Group	EIGH COMMUNITY/ AREA CALL SIGN	
	0.00 P	\$ SUBSCRIBER GROU	DSE	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	SUBSCRIBER GRO	DSE	EIGH COMMUNITY/ AREA CALL SIGN Total DSEs	
	0.00 DSE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GRO	DSE	Base Rate Fee First G EIGH COMMUNITY/ AREA	
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE	Gross Receipts Seco Base Rate Fee Seco EIGH' COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	CALL SIGN	DSE	EIGH COMMUNITY/ AREA CALL SIGN Total DSEs	

CABLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							Name	
				TI .				
	HTY-FIFTH	SUBSCRIBER GRO		† †		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Fotol DOF			0.00	Total DOT-			0.00	
Γotal 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	
EIGHT\	/-SEVENTH	SUBSCRIBER GRO)UP	EIG	HTY-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add								

CABLE ONE, INC	IAME OF OWNER OF CABLE SYSTEM: E ONE, INC. SYSTEM ID# 010576							Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		COMMUNITY/ A D.C.		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
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 GRO		 		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 010576								
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINE	TY-THIRD	SUBSCRIBER GROU	JP	NINET	Y-FOURTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
	<u> </u>							Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
							_	
Gross Receipts First Gr	Gross Receipts First Group \$ 0.00				d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GROU	JP	NIN	ETY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							$\neg \neg $	
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 a	bove.	\$		
						-		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010576								
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GROU			TY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
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 Secon	d Group	\$	0.00	
	Y-NINTH	SUBSCRIBER GROU			INDREDTH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	l		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			iber group	as shown in the boxes a	bove.	\$		

				TE FEES FOR EACH						
9	0	SUBSCRIBER GROU	O SECOND	ONE HUNDRE COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GROU	DFIRST	ONE HUNDRE COMMUNITY/ AREA		
Computat				COMMONT IT AREA				OWWONT IT AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate										
and										
Syndicat										
Exclusiv Surchar										
for										
Partiall										
Distant										
Station										
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00				
						Troop Recorpts 1 Hot Group				
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro		
	Р	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	IP	SUBSCRIBER GROU	D THIRD	ONE HUNDRE		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third Gi		

	D			TE FEES FOR EACH					
9	<u>0</u>	SUBSCRIBER GROU	KED SIX I H	COMMUNITY/ AREA	0	SUBSCRIBER GROU	ED FIF I H	ONE HUNDRI COMMUNITY/ AREA	
Computat	T DOE	CALL SIGN	T DOE T	CALL SIGN	l per	L CALL CICAL	DOE I	CALL SIGN	
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
and			<u></u>						
Syndicat									
Exclusiv									
Surchar									
for									
Partiall									
Distan Station									
Station			<u></u>						
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	Sase Rate Fee First Group \$ 0.00			
	Р	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	IP	SUBSCRIBER GROU	EVENTH	ONE HUNDRED S	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
			-						
			<u> </u>						
			<u> </u>						
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				Sì	STEM ID# 010576	Name
				TE FEES FOR EACH				
	ED NINTH	SUBSCRIBER GROU		Ħ	RED TENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
							<u></u>	and Syndicated
							<u></u>	Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	•	\$	0.00	Base Rate Fee Secon		\$	0.00	
	_EVENTH	SUBSCRIBER GROU		Ħ	TWELVTH	SUBSCRIBER GROUI	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
		_						
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.								Name
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIS	RTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED FOU	RTEENTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs	l l		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GROU	P	ONE HUNDRED S	IXTEENTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010576									
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP			
ONE HUNDRED SE	VENTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED E	EIGHTEENTH	SUBSCRIBER GRO	JP	0	
COMMUNITY/ AREA	<i></i>		0	COMMUNITY/ AREA	Α		0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate F	
								and	
								Syndicate	
								Exclusivity Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00				Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED	NINTEENTH	I SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
	- -	·				<u>·</u>			
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
				Ш					
Base Rate Fee: Add	d the base ra	te fees for each subs	criber group	as shown in the boxes	above.				
Enter here and in blo						\$			

			CLIDCODIS		D A C E D A		0014 4 4	n.		
				TE FEES FOR EACH ONE HUNDRED TWEN		SUBSCRIBER GROU				
9 Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate	302	0.122 0.011		0.122 0.011		0.120.011				
and										
Syndicat										
Exclusiv										
Surchar										
for										
Partiall										
Distan										
Station										
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00				
						<u> </u>				
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro		
		SUBSCRIBER GROUP	ΓΥ-FOURTH :	ONE HUNDRED TWEN		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
							-			
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup			
		\$	Group			\$	oup	otal DSEs Gross Receipts Third Gr		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 010576									
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP			
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	ENTY-SIXTH	SUBSCRIBER GROUP		9	
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0 Com		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
			<u> </u>					Distant	
								Stations	
T		II	0.00			П	0.00		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00				Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
ONE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	NTY-EIGHTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u> </u>						
			<u> </u>						
			<u> </u>						
			<u></u>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$			
		🧸 /							

			CLIDOOD	TE EEEO EOO E 4 O'			01.0014.4		
		SUBSCRIBER GROUP		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROUP			
Ç	0	ODDOCKIDEN OROOI	<u> </u>	COMMUNITY/ AREA	0	OODOONIDEN GROOF	INT I - INIINTITI	COMMUNITY/ AREA	
Compu									
0	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Ra									
Syndi									
Exclu							····		
Surch									
fo									
Parti									
Dist Stati									
Otati			····			-			
	0.00			Total DSEs	0.00			otal DSEs	
						otal DSEs 0.00			
	0.00	\$	d Group	Gross Receipts Secon	0.00	Bross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	ase Rate Fee First Group \$ 0.00			
			.а О.бар	base kate ree Secon	0.00	\$	roup	ase Rate Fee First G	
		SUBSCRIBER GROUP				SUBSCRIBER GROUP			
	0	SUBSCRIBER GROUP						ONE HUNDRED THI	
	0			ONE HUNDRED THIR)	SUBSCRIBER GROUP		ONE HUNDRED THI	
	O DSE	SUBSCRIBER GROUP CALL SIGN		ONE HUNDRED THIR)			ONE HUNDRED THI	
			TY-SECOND	ONE HUNDRED THIR	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
			TY-SECOND	ONE HUNDRED THIR	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
			TY-SECOND	ONE HUNDRED THIR	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
			TY-SECOND	ONE HUNDRED THIR	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
			TY-SECOND	ONE HUNDRED THIR	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
			TY-SECOND	ONE HUNDRED THIR	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
			TY-SECOND	ONE HUNDRED THIR	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
			TY-SECOND	ONE HUNDRED THIR	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
			TY-SECOND	ONE HUNDRED THIR	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
			TY-SECOND	ONE HUNDRED THIR	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
			TY-SECOND	ONE HUNDRED THIR	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
			TY-SECOND	ONE HUNDRED THIR	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	DSE		TY-SECOND	ONE HUNDRED THIS COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI OMMUNITY/ AREA CALL SIGN	
	DSE	CALL SIGN	DSE DSE	ONE HUNDRED THIS COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	ONE HUNDRED THI OMMUNITY/ AREA CALL SIGN otal DSEs	
	DSE		DSE DSE	ONE HUNDRED THIS COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED THI	
	DSE	CALL SIGN	DSE OND	ONE HUNDRED THIS COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE Sroup	ONE HUNDRED THI COMMUNITY/ AREA CALL SIGN Total DSEs	

		SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF SUBSCRIBER GROUP			
9 Compute	0			COMMUNITY/ AREA	0	<u> </u>		COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and			-						
Syndica									
Exclusiv Surchar									
for						_			
Partial						-	-		
Distan									
Station							-		
						-	-		
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	sase Rate Fee First Gro	
		SUBSCRIBER GROUP	IRTY-SIXTH :	ONE HUNDRED TH		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED THIS	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-	-		
			_						
							-		
					•				
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	<u> </u>	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	otal DSEs Gross Receipts Third G	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 910576								
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						_		and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
	···							Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIF	RTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	SUBSCRIBER GROUP	p	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	<u> </u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
3.5.4.5.	r					-		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes al	oove.	\$		
						•		

CABLE ONE, IN	C.						010576	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GROU		ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP				9
COMMUNITY/ ARE/	Α		0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
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								Surcharg for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	t Group	\$	0.00	Gross Receipts Sec				
, , , , , , , , , , , , , , , , , , ,								
ase Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED	FORTY-THIRE	SUBSCRIBER GROU	P	ONE HUNDRED F	ORTY-FOURTH	H SUBSCRIBER GROUF)	
OMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
	-				-			
			scriber group	as shown in the boxe	s above.			
Enter here and in blo	JUK 3, IINE 1,	space L (page /)				\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 010576	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		· · · · · · · · · · · · · · · · · · ·
	RTY-FIFTH	SUBSCRIBER GROUP		Ħ	RTY-SIXTH	SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
***************************************							·	Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FORTY	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 010576	Name
BI	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FIFTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.07011					202	0.122 0.011		Base Rate Fee
								and
								Syndicated
								Exclusivity
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								Partially
								Distant
								Stations
							0	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	ΓY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED FIFTY	'-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							0	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	oup	\$	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 ab	oove.	\$		

9 Computat	ID.	BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPLITATION OF	OCK A.	D
Computat		CLIDCODIDED ODOL	V EQUIDTU	TT				
	0	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				SUBSCRIBER GROU	Y-THIRD	ONE HUNDRED FIFT COMMUNITY/ AREA
_ £								
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
Syndicat								
Exclusiv								
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for								
Partiall								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	•	d Croup	Base Rate Fee Secon	0.00	•	NIID.	ana Bata Eng First Cr
		\$	·			\$		ase Rate Fee First Gr
		SUBSCRIBER GROU	FTY-SIXTH	i i		SUBSCRIBER GROL	I Y-FIF I H	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
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						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	oup	ase Rate Fee Third G

E							010576	
				ATE FEES FOR EAC				
	/-SEVENTH	SUBSCRIBER GROUI		ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
COMMUNITY/ AREA			0					Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	iroup	\$	0.00	Gross Receipts Sec				
roos rescipto i not e	Тоар		0.00	Cross Redelpts dec				
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	FTY-NINTH	SUBSCRIBER GROUI)	ONE HUND	RED SIXTIETH	I SUBSCRIBER GROUP)	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
otal DSEs			0.00	Total DSEs			0.00	
	Group	\$	0.00	Total DSEs Gross Receipts Fou	orth Group	\$	0.00	
	Group	\$			orth Group	\$		
Fotal DSEs Gross Receipts Third (·	\$			·	\$		
ross Receipts Third (·	\$	0.00	Gross Receipts Fou	·		0.00	
ross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group		0.00	