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					

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 If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco	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.			
				01455220192
				014552 2019/2
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626			
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•		
	names already appear in space B. In line 2, give the mailing address of	of the system, if di	fferent from the address gi	ven in space B.
System	1 SPARKLIGHT			
	MAILING ADDRESS OF CABLE SYSTEM: 100 N. VICTORY ROAD, P.O. BOX 1689 (Number, street, rural route, apartment, or suite number) NORFOLK, NE 68702-1689 (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	elist on page 1b
Area	with all communities.	•	•	, 0
Served	CITY OR TOWN	STATE		
First	NORFOLK	NE		
Community	Below is a sample for reporting communities if you report multiple ch	nannel line-ups in	Space G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
•	Alliance	MD	В	2
	Gering	MD	В	3

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 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)

FORM SA3E. PAGE 1b. **SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: 014552 CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN CH LINE UP SUB GRP# STATE **NORFOLK** NE AA **First BATTLE CREEK** 1 NE **AA** Community **BEEMER** NE **AB** 5 **EASTERN HEIGHTS** NE AA 1 **HADAR** NE AA 4 4 **HOSKINS** AA NE See instructions for **MADISON** 1 NE AA additional information on alphabetization. **MADISON COUNTY** NE AA 1 4 **PIERCE** NE AA 2 **PILGER** NE AA **RANDOLPH** 4 NE AA Add rows as necessary. 3 **TILDEN AA** NE **WEST POINT** NE AB 5 **WISNER** NE **AB** 5 **WOODLAND PARK** 2 NE AA

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

014552

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential: • Service to first set	4,185	\$ 20.00		BULK RESIDENTIAL	911	620.00	
Service to additional set(s)FM radio (if separate rate)	5,975						
Motel, hotel	201	3.5-10.00)				
Commercial	160						
Converter							
 Residential 							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	(CATEGORY OF SERVICE	F	RATE
Continuing Services:		Installation: Non-residential					
• Pay cable	8.95-14.95	Motel, hotel	1040.00	l	EXPANDED BASIC	\$	33.00
 Pay cable—add'l channel 		Commercial	1040.00				
Fire protection		• Pay cable	515.00				
Burglar protection		 Pay cable-add'l channel 					
Installation: Residential		Fire protection					
• First set	\$ 30.00	Burglar protection					
 Additional set(s) 	30.00-60.00	Other services:					
• FM radio (if separate rate)		• Reconnect	\$ 30.00				
Converter		Disconnect					
		Outlet relocation					
		Move to new address	\$ 30.00				
				1			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014552 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 3. TYPE 1. CALL 4. DISTANT? 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** (Yes or No) **CARRIAGE** OF **NUMBER STATION** (If Distant) KCAU-DT1 9 Ν SIOUX CITY, IA No KCAU-DT2 9 ı No SIOUX CITY, IA See instructions for additional information **KETV** 20 Ν 0 Yes OMAHA, NE on alphabetization. **KMEG** 39 Ν SIOUX CITY, IA No KNEN-3 35 I-M No NORFOLK, NE 35 KNEN-LD I-M No NORFOLK, NE **KOLN** 10 Ν Yes 0 LINCOLN, NE KPTH 49 ı No SIOUX CITY, IA KTIV-DT1 41 N-M No SIOUX CITY, IA KTIV-DT2 41 I-M No SIOUX CITY, IA KXNE-DT1 19 E-M NORFOLK, NE No KXNE-DT2 19 E-M NORFOLK, NE No **WOWT** 22 0 OMAHA, NE Ν Yes

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014552 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 AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** (Yes or No) **CARRIAGE** OF **NUMBER STATION** (If Distant) KCAU-DT1 9 Ν SIOUX CITY, IA No KCAU-DT2 9 ı No SIOUX CITY, IA **KETV** 20 N 0 Yes OMAHA, NE **KMEG** 39 N SIOUX CITY, IA No **KMTV** 31 Ν No OMAHA, NE 10 N **KOLN** Yes 0 LINCOLN, NE **KPTM** OMAHA, NE 26 I No KTIV-DT1 41 N-M No SIOUX CITY, IA 41 I-M KTIV-DT2 No SIOUX CITY, IA KXNE-DT1 19 E-M No NORFOLK, NE KXNE-DT2 19 E-M NORFOLK, NE No **KXVO** 29 OMAHA, NE ı No **WOWT** 22 0 OMAHA, NE Ν Yes

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				014552	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 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under eain network programs [sections	G		
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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			
of a written agreement the cable system and tion "E" (exempt). For explanation of these th	t entered into o a primary trans simulcasts, als aree categories	n or before Ju mitter or an a o enter "E". If , see page (v	une 30, 2009, be ssociation repre you carried the) of the general	etween a cable system 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	AC				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, II	NC.				014552	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76	system during to ions in effect of 5.61(e)(2) and (he accounting n June 24, 19 (4), or 76.63 (g period, except 181, permitting the referring to 76.6	(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 Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: Television	
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tion "E" (exempt). For explanation of these th Column 6: Give th FCC. For Mexican or	simulcasts, als nree categories e location of ea Canadian statio	o enter "E". If , see page (v ach station. Fo ons, if any, giv	you carried the of the general or U.S. stations, we the name of the state of the st	channel on any o 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 which the station is identifed.		
Note: If you are utilizing	ng multiple cha	•	EL LINE-UP	•	channel line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014552 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 AE 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)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014552 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 AF 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.				014552	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76	system during t ions in effect o 5.61(e)(2) and (he accounting n June 24, 19 (4), or 76.63 (g period, except 181, permitting the referring to 76.6	(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 bas Substitute 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.						
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its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	annel 4 in Wasl	hington, D.C. This	tion for broadcasting over-the-air in a may be different from the channel	
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 t carried the distant stat For the retransmiss of a written agreement	he distant station ion on a part-ti sion of a distan t entered into o	on during the me basis bec t multicast str n or before Ju	accounting perions of accounting perions of lack of a eam that is not sure 30, 2009, be	od. Indicate by en activated channel subject to a royalt etween a cable sy	tering "LAC" if your cable system	
tion "E" (exempt). For explanation of these th Column 6: Give th FCC. For Mexican or 0	simulcasts, als nree categories e location of ea Canadian statio	o enter "E". If , see page (v ach station. Fo ons, if any, giv	you carried the of the general or U.S. stations, we the name of the	channel on any o 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 hybrid which the station is identifed.	
Note: If you are utilizing	ng multiple cha	•	EL LINE-UP	•	channer 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	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014552 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 AH 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, IN	NC.				014552	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
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Note: If you are utilizing	ng multiple cha	•	•	•	channel line-up.		
	1		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.				014552	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	
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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-		
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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	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the high which the station is identifed.		
Note: If you are utilizing	ng multiple cha	•	use a separate EL LINE-UP	•	channel line-up.		
	1						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				014552	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
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	1	CHANN	EL LINE-UP	AL			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

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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	
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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.							
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		
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 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 t carried the distant stat For the retransmiss of a written agreement the cable system and	he distant station on a part-tion on a part-tion of a distantion of entered into on a primary trans	on during the me basis bec multicast str n or before Ju mitter or an a	accounting periause of lack of a eam that is not sune 30, 2009, be a sociation repressoriation repressoriation account.	od. Indicate by en activated channel subject to a royalt etween a cable sy esenting the prima	tering "LAC" if your cable system		
explanation of these the Column 6: Give the	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, re 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.		
		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		
						1	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				014552	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76	system during t ions in effect o 5.61(e)(2) and (he accounting n June 24, 19 (4), or 76.63 (g period, except 181, permitting the referring to 76.6	(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 bas Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F(Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
	nformation cond				tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	annel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air in a 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 planation of local servi Column 5: If you h cable system carried to carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	e in each case of entering the lecast), "E" (for notes terms, see partion is outside itee area, see partion on a part-tipoid of a distantiation of a distantiation of a distantiation of a primary transsimulcasts, also incee categories de location of each canadian static	whether the setter "N" (for noncommercial page (v) of the ethe local servage (v) of the es" in column on during the eme basis bect multicast strong or before Jumitter or an allo enter "E". If see page (vach station. Foons, if any, given	etwork), "N-M" (all educational), or general instruction 4, you must contact accounting perioduse of lack of a geam that is not successful and 30, 2009, but association repressor of the general or U.S. stations, we the name of the	(for network multidor "E-M" (for noncontions located in the distant"), enter "Yestions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable system of the primary of the community with the community with the community with the community with corrections located the community with the c	es". If not, enter "No". For an exe paper SA3 form. 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 try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
,		•	EL LINE-UP	•	<u> </u>	
4.0011	O DICACT				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.				014552	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76	system during t ions in effect o 5.61(e)(2) and (he accounting n June 24, 19 (4), or 76.63 (g period, except 181, permitting the referring to 76.6	(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 bas Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F(• Do not list the station station was carried	CC rules, regulant here in space only on a subs	ations, or auth G—but do lis titute basis.	norizations: et it in space I (th	ne Special Statem	ent and Program Log)—if the	
basis. For further in the paper SA3 fo	nformation cond orm.	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 cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	annel 4 in Was	hington, D.C. This	tion 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 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 no oncommercian page (v) of the the local ser age (v) of the	etwork), "N-M" (al educational), o e 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-	
cable system carried t carried the distant stat For the retransmiss of a written agreement	he distant station ion on a part-ti sion of a distan t entered into o	on during the me basis bec t multicast str n or before Ju	accounting peri ause of lack of a eam that is not s une 30, 2009, be	od. Indicate by en activated channel subject to a royalt etween a cable sy	tering "LAC" if your cable system	
tion "E" (exempt). For explanation of these th Column 6: Give th FCC. For Mexican or 0	simulcasts, als nree categories e location of ea Canadian statio	o enter "E". If , see page (v ach station. Fo ons, if any, giv	you carried the of the general or U.S. stations, we the name of the state of the st	channel on any o 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 hybrid which the station is identifed.	
Note: If you are utilizing	ng multiple cna	•	EL LINE-UP	•	cnannei iine-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	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014552 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 AP 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, II	NC.				014552	Name
PRIMARY TRANSMITT	ERS: TELEVISI	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 t	(1) stations carrie he carriage of cer	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	•			a corried by your	aabla ayatam an a aybatituta program	Transmitters:
basis under specifc FC		•	-	s carried by your	cable system on a substitute program	Television
Do not list the station	here in space	G-but do lis		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 static	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).	\-2". Simulcast	streams mus	st be reported in	column 1 (list eac	ch 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	e in each case	whether the s			ependent station, or a noncommercial	
(for independent multi For the meaning of the Column 4: If the st planation of local serv	cast), "E" (for nese terms, see ation is outside ice area, see p	oncommercian page (v) of the the local ser age (v) of the	al educational), on the general instructivice area, (i.e. " general instruction	or "E-M" (for noncontions located in the distant"), enter "Y tions located in the	es". If not, enter "No". For an ex-	
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	tering "LAC" if your cable system	
_				•	ary 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. 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	AQ		
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)		-
						"
						"
						.
						<u>"</u>
	•					"
						"
						-

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#				
CABLE ONE, IN	NC.				014552	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 981, permitting th	(1) stations carrience carriage of cert	s and low power television stations) ed only on a part-time basis under tain 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			
basis under specifc F0Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the				
basis. For further in the paper SA3 fo	nformation cond orm.	cerning substi	itute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located				
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit A-2". Simulcast	h a station ac streams mus	cording to its ov to be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example				
its community of licens on which your cable sy	se. For example stem carried the	e, WRC is Ch ne station.	nannel 4 in Wasl	hington, D.C. This	tion for broadcasting over-the-air in may be different from the channel				
educational station, by (for independent multi- For the meaning of the Column 4: If the st	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 le general instru vice area, (i.e. "	(for network multion or "E-M" (for nonc ctions 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	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				
of a written agreement the cable system and tion "E" (exempt). For	t entered into o a primary trans simulcasts, als	n or before Ju mitter or an a o enter "E". If	une 30, 2009, be association repre you carried the	etween a cable system esenting the primation channel on any o	stem or an association representing transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.				
Column 6: Give th	e location of ea Canadian statio	ich station. Fo	or U.S. stations, re the name of the	list the communit he community with	y to which the station is licensed by the n which the station is identifed.				
		CHANN	EL LINE-UP	AR					
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 014552 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)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014552 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 AT 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)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014552 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 AU 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, II	NC.				014552	Name
PRIMARY TRANSMITT	ERS: TELEVISI	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 carriage of cert	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 bas	•			a corried by your	aabla ayatam ah a subatituta program	Transmitters:
basis under specifc F(•	-	s carried by your	cable system on a substitute program	Television
Do not list the station	here in space	G-but do lis		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) 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	
its community of licens	se. For exampl	e, WRC is Ch	•		tion for broadcasting over-the-air in s may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an inde	ependent station, or a noncommercial	
educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local service Column 5: If you he cable system carried to carried the distant state. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	r entering the lecast), "E" (for nese terms, see tation is outside ice area, see pave entered "Yhe distant station on a part-tision of a distant entered into of a primary transsimulcasts, also ree categories e location of eact andian station multiple characteristics. 2. B'CAST CHANNEL	etter "N" (for no concommercial page (v) of the ethe local servage (v) of the es" in column on during the eme basis bect multicast stronger or before Jumitter or an action of enter "E". If the enter station. For each station. For each station. For each station or enter "E". If the enter station or enter "E". If the e	network), "N-M" (all educational), are general instructivice area, (i.e. "general instruction 4, you must conaccounting perioduse of lack of a geam that is not succeed that is not succeed to carried the lack of the general or U.S. stations, we the name of the use a separate LINE-UP 4. DISTANT? (Yes or No)	(for network multidor "E-M" (for noncetions located in the distant"), enter "Y tions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalt etween a cable system of the community with space G for each AV 5. BASIS OF CARRIAGE	cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. es". If not, enter "No". For an exee paper SA3 form. 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 ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. by to which the station is licensed by the hybrich the station is identifed.	
	NUMBER	STATION	` ′	(If Distant)		
						"

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				014552	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 Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc FC	CC rules, regula	ations, or aut	horizations:			
station was carried	•		st it in space i (tr	ne Speciai Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the st			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 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"	
					ommercial educational multicast).	
For the meaning of the Column 4: If the st					es". If not, enter "No". For an ex-	
planation of local servi						
			•	•	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	
the cable system and	a primary trans	mitter or an a	association repre	esenting the prima	ry transmitter, enter the designa-	
					ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the	e location of ea	ach station. Fo	or U.S. stations,	list the communit	y to which the station is licensed by the	
FCC. For Mexican or C Note: If you are utilizing					h which the station is identifed.	
Troto: Il you allo utilizii		•	IEL LINE-UP	•	опанно ние ар.	-
	1	1				-
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	NUMBER	STATION	` ′	(If Distant)		
				,		1
						,
						1
						•
						1
]

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014552 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

LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:				SYSTEM ID#	Name
CABLE ONE, INC.						014552	
SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm form	ify every no	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former Fo	a distant stati CC rules, regu	ulations, or authorization	ns. For a further	Substitute
form. 1. SPECIAL STATEMENT During the accounting perbroadcast by a distant state. Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, rescaled for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broad the case of Mexican or Carcolumn 5: Give the more first. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	r CONCER riod, did you zion? ", leave the PROGRA ritute prograte, please of every no distant state gulations, oution. Do not be received and any of the state and any of the state and the and day of "5/7." The swhen the Example: a received and regulations and regulations are received and regulations are received and regulations.	rest of this pa AMS am on a separa attach addition nnetwork televion and that your authorization of use general BA Basketball: dcast live, enter station broadcon's location (tons, if any, the when your system a program carr listed program ons in effect designs and the consumer of the	ge blank. If your answer is ate line. Use abbreviations all pages. vision program (substitute pour cable system substitute so. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "I asting the substitute program to community to which the community with which the stem carried the substitute or gram was carried by your ried by a system from 6:01:	wherever poor or or or the proper line tructure "basketball" No." am. estation is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the lice station is lice station is ide program.	etwork television programust complete the programsible, if their meaning the accounting gramming of another sions located in the page. List specific programs. List specific programs. List the times accurate the numerals, with the manage of the specific programs. List the times accurate the specific programs. List the times accurate the specific programs. List the times accurate the specific programs accurate the specific programs. List the times accurate the specific programs accurate the specific programs accurate the specific programs accurately the specific program accurately the specific programs accurately the specific program accurately the speci	ram X No ram g is g station per n n nonth stely red o	Substitute Carriage: Special Statement and Program Log
effect on October 19, 1976		E PROGRAM		WHE	EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 014552 **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

	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID# 014552	Name
CA	BLE ONE, INC.			014552	
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 trai	nsmiss	ion service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	_\$)	1,047,656.98	
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(An	mount 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. aplete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the and rom block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $k = 3$ below.	e entered	on line	1 of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered or	n line 2	in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be ent	ered 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		, 	1,047,000.00	
	Enter the result here. This is your minimum fee.	•		11,147.07	
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 colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and control of the contro	nn 4, you r od?	must ch	neck	
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	\$	5	3,220.35	
	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	\$		3,220.35	
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	_\$	}	11,147.07	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.	r		0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	_\$		725.00	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	\$		11,872.07	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page	(i) of th	ne	auditional 1665.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC.	014552
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.	
Chambio	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name EMERSON YEARWOOD Telephone 602-364-619	5
	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	∍d
	(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 sy in line 1 of space B.	/stem
	• 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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	the "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:	STEM ID#	Name
CABLE ONE, INC.	014552	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	ıb-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.		Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?		
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	t.	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 	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)		
(interest charge		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ie	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the origina filing.	d	
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)

						/A===1.1 i= ::
1	LEGAL NAME OF OWNER OF CABLI	E SYSTEM:			S	STEM ID#
•	CABLE ONE, INC.					014552
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:			
	 Add the DSEs of each station 					
	Enter the sum here and in line		s schedule.		0.75	
						1
2	Instructions: In the column headed "Call S	ian". list the so	Il cians of all distant stations	identified by t	oo letter "O" in column F	
_	of space G (page 3).	ngii . iist tile cai	ii sigris or all distant stations	identified by ti	ie iellei O iii columii 5	
Computation	In the column headed "DSE"	: for each indepe	endent station, give the DSE	as "1.0"; for e	each network or noncom-	
of DSEs for	mercial educational station, give			·		
Category "O"			CATEGORY "O" STATION	NS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KETV	0.250				
	KOLN	0.250	<mark></mark>			
	WOWT	0.250				
	77.077.	0.200				
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						
	<u></u>					
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U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:							S	SYSTEM ID#	
Name	CABLE ONE	CABLE ONE, INC.								
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs								
	1. CALL 2. NUMI SIGN OF H CARF SYST		JRS ED BY	. NUMBER OF HOURS STATION ON AIR	RS CARRIAGE				6. DSE	
			÷		=	X		=		
			÷		=	X		=		
			÷ ÷			x x		=		
						×				
			÷		=	X		=		
			÷		=	x		=		
			÷		=	х		=		
	SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,									
Computation of DSEs for Substitute-Basis Stations	 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). 									
		SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs								
	1. CALL 2. NUMBER SIGN OF PROGRAM		3. NUMBER OF DAYS IN YEAR	_	DSE 1. CALL SIGN		IBER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
				=			÷		=	
							÷		=	
				=			÷		=	
				=			÷ ÷		=	
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,									
5	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.									
Total Number	1. Number of DSEs from part 2 ● ▶ 0.75									
of DSEs	2. Number of DSEs from part 3 ●									
	3. Number of DSEs from part 4 ● ▶ 0.00									
	TOTAL NUMBE	ER OF DSEs					•		0.75	

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

CABLE ONE,	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 014552	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of p	below.	of the DSE sched		complete part	8, (page 16) of th	e	6 Computation of
effect on June 24	m located wholly ou , 1981? aplete part 8 of the solete blocks B and	schedule—D	najor and smal	er markets as defii	ned under sed		CC rules and regul	lations in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	ion of permitted	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carried 76.61(b)(c)] B Specialty station C Noncommerication D Grandfathered instructions for E Carried pursuation *F A station previous and the previous and the pursuation is the previous and the pre	les and reguled pursuant to as defined al educational station (76.6 r DSE sched ant to individuciously carried HF station well	lations cited be to the FCC mare in 76.5(kk) (70 al station [76.59 65) (see paragicule). Lual waiver of FC and on a part-time ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on .57, 76.59(b),)(1), 76.63(a) 3(a) referring stitution of gra	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			orksheet 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	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
	e total number of l								
Line 3: Subtract	e sum of permitted line 2 from line 1 eave lines 4–7 bl	. This is the	total number	of DSEs subject		ate.			
_ine 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen
Line 5: Multiply I	ine 4 by 0.0375 a	nd enter su	m here				×		partially permited/ partially nonpermitted
Line 6: Enter tot	al number of DSE	s from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 and	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name	014552							NC.	BLE ONE, I	CA
			UED)	S (CONTIN	ION MARKETS	A: TELEVIS	BLOCK			
6	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	
Computation 3.75 Fee										

CABLE ONE, INC.		SYSTEM:				S	014552	Name
E				TE FEES FOR EAC				
		SUBSCRIBER GRO	DUP	#		SUBSCRIBER GROU		9
COMMUNITY/ AREA	NORFO	LK		COMMUNITY/ ARE	A WOODL	AND PARK/PILG	ER	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KETV	0.25							Base Rate Fee
								and
								Syndicated
	<u>.</u>							Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
						—		Stations
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts First G	roup	¢ 70	69,774.42	Gross Receipts Sec				
Gloss Receipts Filst G	Toup	-	33,114.42	Gloss Receipts Sec	ond Group	\$	30,635.93	
Base Rate Fee First G	roup	\$	2,047.60	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	TILDEN			COMMUNITY/ ARE		/RANDOLPH/HAD		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KETV	0.25	CALL SIGIV	DOL	KETV	0.25	CALL SIGIV	DOL	
WOWT	0.25			KOLN	0.25	—		
				WOWT	0.25			
						——————————————————————————————————————		
	<u></u>							
Total DSEs			0.50	Total DSEs			0.75	
	rous	c			rth Crave	•	_	
Gross Receipts Third G	iroup	Φ	22,547.76	Gross Receipts Fou	rın Group	\$	85,544.11	
Base Rate Fee Third G	Group	¢	119.95	Base Rate Fee Fou	rth Group	•	682.64	
	oup	<u> </u>	113.33	Daos Maio I GG I Ou	Oroup	\$	302.0 4	
Book Bata Face Add d	o b oos = ==1:	food for an all and a	oribor	and although in the state of	above			
Base Rate Fee: Add the Enter here and in block			scriber group a	as snown in the boxes	above.	 \$	3,220.35	
		- (pago 1)				T	-,	

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABLE	E SYSTEM:			014552	Name		
В	LOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	WISNE	R/WEST POINT/	BEEMER	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KOLN	0.25							Base Rate Fee
								Syndicated Exclusivity Surcharge for
								Partially Distant Stations
Total DSFs			0.25	Total DSEs			0.00	
	otal DSEs 0.25 Fross Receipts First Group \$ 139,154.76				d Group	\$	0.00	
Base Rate Fee First G	roup	\$	370.15	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GROU	JP	
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	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Broup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes a	bove.	\$		

-								
				TE FEES FOR EACH		COMPUTATION OF		В
9		SUBSCRIBER GROUP	TENTH			SUBSCRIBER GROU	NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
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Exclusivity Surcharge								
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	JP 0	SUBSCRIBER GROUP	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ELEVENTH	E COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROUP	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROUP	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ELEVENTH	E COMMUNITY/ AREA
	DSE	SUBSCRIBER GROUP	TWELVTH	CALL SIGN	DSE	SUBSCRIBER GROU	ELEVENTH	CALL SIGN
	DSE O.00	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Fotal DSEs
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LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				SY	STEM ID# 014552	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		111		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
								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	
FII	FTEENTH	SUBSCRIBER GROU	IP	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	
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			riber group	as shown in the boxes al	oove.			
Enter here and in block			-			\$		

1							NC.	
4				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	GHTEENTH			SUBSCRIBER GROU		
Computation	0			COMMUNITY/ AREA	0		EA	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
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	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	st Group	Gross Receipts First (
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_	JP	SUBSCRIBER GROU	WENTIETH	Т	JP	SUBSCRIBER GROU	NINTEENTH	N
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	DSE			CALL SIGN	DSE		EA	CALL SIGN
	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	0 DSE		DSE	CALL SIGN CALL SIGN Fotal DSEs
	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Fotal DSEs
	0 DSE	CALL SIGN	DSE STOUP	CALL SIGN CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S` 	9314552 014552	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIRST	SUBSCRIBER GRO	JP	TWENT	Y-SECOND	SUBSCRIBER GROU	Р	•
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 Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO	JP	TWENT	Y-FOURTH	SUBSCRIBER GROU	Р	
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	
	roup	¢	0.00		Group	¢	0.00	
Gross Receipts Third G	поир	Ψ	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes a	bove.	\$		
						L		

CABLE ONE, IN	C.						014552	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENT	Y-SEVENTH	SUBSCRIBER GRO)UP	TWE	NTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	A		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	ırth Group	\$	0.00	
- p	r	-			1	·		
Paga Bata Fas This	d Crous		0.00	Page Bate Fee Fee	urth Cross		0.00	
Base Rate Fee Third	a Group	[\$	0.00	Base Rate Fee Fou	iiiii Group	\$	0.00	
			criber group	as shown in the boxes	s above.			
Enter here and in blo	ock 3, line 1, s	space L (page 7)				\$		

CABLE ONE, IN	IC.						014552	Name
				ATE FEES FOR EAC				
		I SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ ARE.	Α		0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
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								for
								Partially
								Distant
								Stations
Tatal DOS			0.00	T-4-1 DOT			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
COMMUNITY/ ARE		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GRO	0	
SOMMONT IT AIL			<u> </u>	COMMONT I/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	•	L.			•	L.		
Base Rate Fee: Ade Enter here and in bl			scriber group	as shown in the boxes	s above.	\$		
-inci nere and in Di	OUN O, IIIIC I,	opace L (page 1)				Ψ		

CABLE ONE, IN	C.						014552	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		1 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
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								for
								Partially
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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	cond Group	\$	0.00	
TI	HIRTY-FIFTH	I SUBSCRIBER GRO	DUP	Т	HIRTY-SIXTH	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	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
	'	<u>.</u>	2-2-2		'	į:	2.30	
			scriber group	as shown in the boxes	s above.			
Enter here and in blo	оск 3, line 1,	space ∟ (page /)				\$		

CALL SIGN DSE	LEGAL NAME OF OWNE CABLE ONE, INC.							014552	Name
CALL SIGN DSE CALL SIGN	B	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
CALL SIGN DSE	THIRTY-	SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GRO		0
CALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computatio
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Gross Receipts First Group Base Rate Fee First Group THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									Base Rate F
Gross Receipts First Group Base Rate Fee First Group THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									and
Gross Receipts First Group Saase Rate Fee First Group Saase Rate Fee First Group THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SI				<u></u>					Syndicated
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Base Rate Fee First Group \$ 0.00 THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL	otal DSEs			0.00	Total DSEs			0.00	
THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE	Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE									
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CA	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	THIR	TY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GRO	UP	
Total DSEs O.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00	COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00				<u></u>					
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00				<u></u>					
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
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Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		`roun	.			rth Croun	•		
	arosa Receipis Third G	πουμ	Φ	0.00	Heross Receipts Fou	тит Этоир	<u>v</u>	0.00	
	Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
					11				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee: Add th	e base ra t	te fees for each subse	criber group	as shown in the boxes	s above.			
Enter here and in block 3, line 1, space L (page 7)				5 1			\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 014552							Name	
				TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GROU		††	Y-SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
	0.110	•			d Croup	•		
Gross Receipts First Gr	oup	*	0.00	Gross Receipts Secon	ia Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FOR ⁻	ry-third	SUBSCRIBER GROU		FORT	Y-FOURTH	SUBSCRIBER GROU	Р	
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	n Group	\$	0.00	
							$\neg \neg $	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	bove.	\$		

						BLOCK A: COMPUTATION OF BASE				
9		SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GROU	RTY-FIFTH			
Comput	0			COMMUNITY/ ARE	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Ra										
and										
Syndica										
Exclusi Surcha										
for										
Partia										
Dista										
Statio										
	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$	d Group	Gross Receipts Sec	0.00	\$	Group	Gross Receipts First G		
	0.00	\$	d Group	Base Rate Fee Sec	0.00	\$	Group	Base Rate Fee First G		
		SUBSCRIBER GROU				SUBSCRIBER GROU	•			
							•	FORTY-		
	P			FO	UP		•	FORTY-		
	P 0	SUBSCRIBER GROU	Y-EIGHTH	FO COMMUNITY/ ARE	UP 0	SUBSCRIBER GROU	-SEVENTH	FORTY-		
	P 0	SUBSCRIBER GROU	Y-EIGHTH	FO COMMUNITY/ ARE	UP 0	SUBSCRIBER GROU	-SEVENTH	FORTY-		
	P 0	SUBSCRIBER GROU	Y-EIGHTH	FO COMMUNITY/ ARE	UP 0	SUBSCRIBER GROU	-SEVENTH	FORTY- COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROU	Y-EIGHTH	FO COMMUNITY/ ARE	UP 0	SUBSCRIBER GROU	-SEVENTH	FORTY-		
	P 0	SUBSCRIBER GROU	Y-EIGHTH	FO COMMUNITY/ ARE	UP 0	SUBSCRIBER GROU	-SEVENTH	FORTY-		
	P 0	SUBSCRIBER GROU	Y-EIGHTH	FO COMMUNITY/ ARE	UP 0	SUBSCRIBER GROU	-SEVENTH	FORTY- COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROU	Y-EIGHTH	FO COMMUNITY/ ARE	UP 0	SUBSCRIBER GROU	-SEVENTH	FORTY-		
	P 0	SUBSCRIBER GROU	Y-EIGHTH	FO COMMUNITY/ ARE	UP 0	SUBSCRIBER GROU	-SEVENTH	FORTY-		
	P 0	SUBSCRIBER GROU	Y-EIGHTH	FO COMMUNITY/ ARE	UP 0	SUBSCRIBER GROU	-SEVENTH	COMMUNITY/ AREA		
	P 0	SUBSCRIBER GROU	Y-EIGHTH	FO COMMUNITY/ ARE	UP 0	SUBSCRIBER GROU	-SEVENTH	FORTY- COMMUNITY/ AREA		
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	P 0	SUBSCRIBER GROU	Y-EIGHTH	FO COMMUNITY/ ARE	UP 0	SUBSCRIBER GROU	-SEVENTH	FORTY-		
	P 0	SUBSCRIBER GROU	Y-EIGHTH	FO COMMUNITY/ ARE	UP 0	SUBSCRIBER GROU	-SEVENTH	FORTY-COMMUNITY/ AREA		
	DSE 0.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE	FORTY-COMMUNITY/ AREA CALL SIGN Total DSEs		
	DSE	SUBSCRIBER GROU	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	FORTY- COMMUNITY/ AREA		

LEGAL NAME OF OWN							014552	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
FO	RTY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts First	Group	¢	0.00	Gross Receipts Sec	and Group	\$	0.00	
ross receipts i list	Огоар	Ψ	0.00	Cross Receipts dec	ona Group	Ψ	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTY-FIRST	SUBSCRIBER GRO	UP	FII	TY-SECONE	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			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	
ross 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	
				П				
			criber group	as shown in the boxes	s above.			
nter here and in bloo	ck 3, line 1, s	space L (page 7)				\$		

Name				TE EEEO EOO EAO				
						COMPUTATION O		
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computati	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
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Stations								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First Gr
		\$	nd Group		0.00	\$	roup	Gross Receipts First Gr
		\$	·			\$	·	Gross Receipts First Gr
	0.00	\$	nd Group	Gross Receipts Seco	0.00		roup	sase Rate Fee First Gr
	0.00		nd Group	Gross Receipts Seco	0.00	\$ SUBSCRIBER GRO	roup	sase Rate Fee First Gr
	0.00 0.00	\$	nd Group	Gross Receipts Secondary Base Rate Fee Secondary	0.00		roup	Sase Rate Fee First Gr
	0.00 0.00	\$	nd Group	Gross Receipts Secondary Base Rate Fee Secondary	0.00		roup	Sase Rate Fee First Gr
-	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secondary Base Rate Fee Secondary F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIFTH	FIFCOMMUNITY/ AREA
-	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secondary Base Rate Fee Secondary F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIFTH	FIFCOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secondary Base Rate Fee Secondary F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIFTH	FIFCOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secondary Base Rate Fee Secondary F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIFTH	FIFCOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secondary Base Rate Fee Secondary F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIFTH	FIFCOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secondary Base Rate Fee Secondary F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIFTH	FIFCOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secondary Base Rate Fee Secondary F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIFTH	FIFCOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secondary Base Rate Fee Secondary F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIFTH	FIFCOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secondary Base Rate Fee Secondary F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIFTH	FIFCOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secondary Base Rate Fee Secondary F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIFTH	FIFCOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secondary Base Rate Fee Secondary F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIFTH	FIFCOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secondary Base Rate Fee Secondary F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIFTH	FIFCOMMUNITY/ AREA
	0.00 P 0 DSE	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Second Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	TY-FIFTH	FIFE COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	DSE	Gross Receipts Second Base Rate Fee Second COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	SUBSCRIBER GRO	DSE	FIF COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 P 0 DSE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Second Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	FIFE COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE	Gross Receipts Second Base Rate Fee Second COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	CALL SIGN	DSE	FIF COMMUNITY/ AREA CALL SIGN Total DSEs

CABLE ONE, INC		01455						Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		††		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i>\</i>		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
						. –		Stations
						-		
Tatal DOFa		II	0.00	Tatal DOF			0.00	
Total DSEs		_		Total DSEs			_	
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	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

		IDED CDOUD		TE EEES EOD EACH				
4						COMPUTATION OF		
9		SUBSCRIBER GROUI	Y-SECOND			SUBSCRIBER GROU	(TY-FIRST	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			-					
Syndicate								
Exclusivity Surcharg			-					
for								
Partially								
Distant								
Stations								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Bross Receipts First Gr
			•	· ·			•	•
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
		\$ SUBSCRIBER GROUI				\$ SUBSCRIBER GROU		
 	P			SIXT	JP			SIX
	P			SIXT	JP			SIX
	P 0	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	P 0	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX [*] COMMUNITY/ AREA
	DSE	SUBSCRIBER GROUI	Y-FOURTH	SIXT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	TY-THIRD	SIX** COMMUNITY/ AREA CALL SIGN
	DSE 0.00	SUBSCRIBER GROUI	DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs
	DSE	SUBSCRIBER GROUI	DSE	SIXT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	SIX** COMMUNITY/ AREA CALL SIGN
	DSE 0.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs

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	D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	OODOONIDEN GROO	XTT-OIXTT	COMMUNITY/ AREA	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			Tatal DOF	0.00			atal DOF-
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-EIGHTH	SIX	IP	SUBSCRIBER GROU	EVENTH	SIXTY-S
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
	<u></u>							
	······							
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G

				TE EEEO EOO EAOU				
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
_	JP	SUBSCRIBER GROUP	VENTIETH	SE	JP	SUBSCRIBER GROU	TY-NINTH	SIX
9 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								
Surcharg								
for								
Partially								
Distant								
Stations								
4								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gr
		\$ SUBSCRIBER GROUP				\$ SUBSCRIBER GROU		
=								
=	JP			SEVENT	JP			SEVEN
	JP 0	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIRST	SEVEN
== - - - - - - - - -	JP 0	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIRST	SEVEN
	JP 0	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIRST	SEVEN
	JP 0	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIRST	SEVEN
	JP 0	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIRST	SEVEN
	JP 0	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIRST	SEVEN
	JP 0	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIRST	SEVEN
	JP 0	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIRST	SEVEN
	JP 0	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIRST	SEVEN
	JP 0	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIRST	SEVEN
	JP 0	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIRST	SEVEN
	JP 0	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIRST	SEVEN
	DSE	SUBSCRIBER GROUI	Y-SECOND	SEVENT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	ITY-FIRST	SEVEN COMMUNITY/ AREA CALL SIGN
	DSE O.00	SUBSCRIBER GROUI	/-SECOND	SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	SUBSCRIBER GROU	DSE	SEVEN COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE	SUBSCRIBER GROUI	/-SECOND	SEVENT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	SEVEN COMMUNITY/ AREA CALL SIGN
	DSE DSE	CALL SIGN	/-SECOND	SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	SEVEN COMMUNITY/ AREA CALL SIGN Total DSEs

CABLE ONE, INC	C						014552	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		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
Total DSEs			0.00	Total DSEs			0.00	
Bross Receipts First	Group	<u>\$</u>	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-FIFTH	I SUBSCRIBER GRO)UP	SE	/ENTY-SIXTH	I SUBSCRIBER GRO	UP	
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	l Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
,	•				•			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add	the base ra	te fees for each subs	scriber aroun	as shown in the boxes	s above			
Enter here and in blo			g. oup			\$		

	ID.					COMPUTATION OF		
9	0	SUBSCRIBER GROU	I Y-EIGHTH	COMMUNITY/ AREA	<u> 0</u>	SUBSCRIBER GROU	SEVENTH	SEVEINTY- COMMUNITY/ AREA
Computa				COMMONT IT AREA				OMMONT IT AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica							<u></u>	
Exclusiv								
Surchai for							<u></u>	
Partial								
Distar								
Station								
							<u></u>	
							<u> </u>	
						,		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	Φ.	d Croup		0.00	•	`roup	
	0.00	<u>\$</u>	a Group	Gross Receipts Secon	0.00	*	roup	ross Receipts First G
	0.00	\$	d Craun					
		Ψ	a Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
	JP	SUBSCRIBER GROU				SUBSCRIBER GROU	·	
	JP 0						·	SEVEN
					JP		·	SEVEN
					JP		·	SEVEN
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN OMMUNITY/ AREA
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN OMMUNITY/ AREA
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN OMMUNITY/ AREA
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN OMMUNITY/ AREA
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN OMMUNITY/ AREA
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN OMMUNITY/ AREA
	0	SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-NINTH	SEVEN OMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	SEVEN OMMUNITY/ AREA CALL SIGN otal DSEs
	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	SEVEN COMMUNITY/ AREA CALL SIGN Total DSEs
	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE Sroup	COMMUNITY/ AREA

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	'STEM ID# 014552	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-FIRST	SUBSCRIBER GROU	JP	EIGHT	Y-SECOND	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
					<u> </u>			Surcharge for
								Partially
					<u> </u>			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	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EIGH ⁻	TY-THIRD	SUBSCRIBER GROU	JP	EIGHT	Y-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
					<u></u>			
					_			
					-			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u> </u>	0.00	Gross Receipts Fourth	Group	<u> </u>	0.00	
	'P"				- · P			
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.	\$		
						<u> </u>		

LEGAL NAME OF OWNE CABLE ONE, INC.							014552	Name
				TE FEES FOR EAC				
	TY-FIFTH	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			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 G	roup	\$	0.00	Gross Receipts Seco	ond Group	<u>\$</u>	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
EIGHTY-	SEVENTH	SUBSCRIBER GROU	JP	EIGI	HTY-EIGHTH	I SUBSCRIBER GROU	JP	
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	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
		•	0.00	Base Rate Fee Four	th Croup	\$	0 00	
Base Rate Fee Third G	Group		0.00	Base Nate I ce I oui	iii Gioup	Ψ	0.00	
Base Rate Fee Third (Group	[\$	0.00	Base Nate Fee Four	ш	Ψ	0.00	

	CABLE ONE, INC. 014552 N										
				TE FEES FOR EACH							
9	0	SUBSCRIBER GROU	NINTIETH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	Y-NINTH	EIGHT COMMUNITY/ AREA			
Computat		T				I	I 505 I				
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
and			-								
Syndicat											
Exclusiv			-								
Surchar			-			-					
for							_				
Partiall											
Distan			-								
Station			-								
	0.00	•		Total DSEs	0.00			otal DSEs			
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	ross Receipts First Gro			
						<u></u>					
	0.00	\$	d Group	Base Rate Fee Second	0.00	se Rate Fee First Group \$ 0.00					
	Р	SUBSCRIBER GROU	Y-SECOND	NINET	Р	SUBSCRIBER GROU	ry-first	NINE			
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	0.00			Total DSEs	0.00		J	otal DSEs			
	0.00	\$	Group	Gross Receipts Fourth	0.00	s	oup.	ross Receipts Third G			
		-	1-			-	•				

	1								
	D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU			
9	0	SOBSCRIBER GROOM		COMMUNITY/ AREA	0	SOBSCRIBER GROO	T-TTIIKD	COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate	302	G/ G/	3-0-2	0.12	202	0.122 0.011	202	0.122 0.011	
and						-			
Syndica									
Exclusiv									
Surchar									
for Partial									
Distan									
Station						-			
	2.22								
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	oss Receipts First Group \$ 0.0			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	ase Rate Fee First Group \$ 0.00			
	Р	SUBSCRIBER GROU	TY-SIXTH :	NIN	IP	SUBSCRIBER GROU	TY-FIFTH	NINE	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
						-			
						A			
	0.00			Total DSEs	0.00		<u> </u>	otal DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup		
		\$ \$			0.00	<u>\$</u>		Total DSEs Gross Receipts Third Gr Base Rate Fee Third Gr	

EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 014552								
BI	_OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINETY-S	SEVENTH	SUBSCRIBER GROU	Р	NINET	Y-EIGHTH	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			0.00	Total DSEs			0.00	
Gross Receipts First Gro	ss Receipts First Group \$ 0.00		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	
NINET	Y-NINTH	SUBSCRIBER GROU	P	ONE HU	NDREDTH	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	<u> </u>	0.00	Gross Receipts Fourth	Group	<u> </u>	0.00	
	· - F	·			-			
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 at	oove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 014552									
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP			
	ED FIRST	SUBSCRIBER GROU			D SECOND	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 Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00		
	ED THIRD	SUBSCRIBER GROU			D FOURTH	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 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		
	. oup	[♥	0.00		. C.Oup	Ψ	0.00		
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	bove.	\$			

ABLE ONE, INC. SYSTEM ID# 014552									
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP			
		SUBSCRIBER GRO		11		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 Fe	
								and	
								Syndicated	
								Exclusivity Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Firs	oss Receipts First Group \$ 0.00				ond Group	\$	0.00		
	· · · · · · · · · · · · · · · · · · ·								
Base Rate Fee First	ase Rate Fee First Group \$ 0.00				ond Group	\$	0.00		
ONE HUNDRE	ONE HUNDRED SEVENTH SUBSCRIBER GROUP				RED EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ ARE	Α		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 Thir	d Group	\$	0.00	Gross Receipts Fou	irth Group	<u>\$</u>	0.00		
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
				<u>II</u>					
Paga Bata Face Ad	1 tha bas = ==	to food for adaly sub-	oribor ====	on about in the base	a above				
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$			
	,	🧸 /							

	CABLE ONE, INC. 014552										
	D			TE FEES FOR EACH							
9	0	SUBSCRIBER GROU	ED IENIH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	DNINTH	ONE HUNDRE			
Computat of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	CALL SIGIV	DOL	CALL SIGN			
and						-					
Syndicat											
Exclusiv											
Surchar											
for				***************************************							
Partiall Distan											
Station	<u></u>		<mark></mark>								
Otation											
	0.00			Total DSEs	0.00			otal DSEs			
	0.00	\$	d Group	Gross Receipts Secon	0.00	oss Receipts First Group \$ 0.0					
	0.00	\$		Base Rate Fee Secon		· •					
	_	SUBSCRIBER GROU	TWELVTH			SUBSCRIBER GROU	.EVENTH				
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
						-					
			<u> </u>								
	0.00			Total DSEs	0.00			otal DSEs			
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third Gr			
	<u> </u>										

EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 014552								
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED T	HIRTEENTH	SUBSCRIBER GRO		ONE HUNDRED F	OURTEENTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	oss Receipts First Group \$ 0.00				ond Group	\$	0.00	
Base Rate Fee First	ase Rate Fee First Group \$ 0.00				ond Group	\$	0.00	
ONE HUNDRED	FIFTEENTH	I SUBSCRIBER GRO)UP	ONE HUNDRED	SIXTEENTH	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	d Croup	•	0.00		rth Croup	.	0.00	
Orosa veceibis tilli	, Стоир	\$	0.00	Gross Receipts Fou	ται σισαμ	\$	<u> </u>	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	•				· 		1	
Base Rate Fee: Add	I the base ra	te fees for each subs	scriber aroun	as shown in the boxes	s above			
Enter here and in blo			Johnson group	as snown in the boxes	J UDUVG.	\$		
						I		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 014552									
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP			
ONE HUNDRED SEV	'ENTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
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	
otal DSEs			0.00	Total DSEs			0.00		
ross Receipts First Group \$ 0.00				Gross Receipts Seco	ond Group	\$	0.00		
	ψ 3.60								
Sase Rate Fee First Group \$ 0.00				Base Rate Fee Seco	ond Group	\$	0.00		
ONE HUNDRED I	VINTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	I SUBSCRIBER GROU	JP		
COMMUNITY/ 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		
Gross Receipts Third	Group	•	0.00	Gross Receipts Four	th Group	e	0.00		
organizatilia	Οισαρ	\$	0.00	TOTOSS Necelpts Foul	ат Этойр	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
				Ш		·			
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

CABLE ONE, INC	C.						014552	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
oss Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00	
·					•	·		
ase Rate Fee First Group \$ 0.00				Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP				ONE HUNDRED TW	ENTY-FOURTH	I SUBSCRIBER GROUF)	
OMMUNITY/ AREA			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	
ross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	•	<u>.</u>	2- -		•	·	2.32	
			scriber group	as shown in the boxes	s above.			
Enter here and in blo	CK 3, IINE 1,	space L (page /)				\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	SYSTEM ID# SABLE ONE, INC.									
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP				
ONE HUNDRED TWEN	ITY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-SIXTH	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	ross Receipts First Group \$ 0.0				l Group	\$	0.00			
Base Rate Fee First Gro	•	\$	0.00	Base Rate Fee Second	•	\$	0.00			
ONE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	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 Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
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 3			iber group	as shown in the boxes ab	ove.	\$				

		SEB CBOLIB	SLIBSCOL	TE FEES FOR EACH	BASEDA			ום	
		SUBSCRIBER GROUP			DASE KA			ONE HUNDRED TWEN	
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									

	0.00			Total DSEs	0.00	tal DSEs 0.00			
	0.00	\$	d Group	Gross Receipts Secon	0.00	oss Receipts First Group \$ 0.0			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	ase Rate Fee First Group \$ 0.00			
		SUBSCRIBER GROUP	Y-SECOND S	ONE HUNDRED THIR		SUBSCRIBER GROUP	TY-FIRST	ONE HUNDRED THIR	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
					0.00				
	0.00			Total DSEs	0.00			otal DSEs	
	_	•	Group	Total DSEs Gross Receipts Fourth	0.00	•	oun	otal DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	otal DSEs Bross Receipts Third Gr	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 014552								
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIS	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-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
								Exclusivity
								Surcharge for
								Partially
	···							Distant
								Stations
Tatal BOEs			0.00	Total DSEs			0.00	
Total DSEs	tal DSEs						0.00	
Gross Receipts First Gr	oss Receipts First Group \$ 0.00				d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	IRTY-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	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00		
				Ш				
Base Rate Fee: Add the base rate fees for each subscriber group as Enter here and in block 3, line 1, space L (page 7)				as shown in the boxes al	oove.	\$		
1								

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 914552								Name
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		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<mark></mark>							and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Tatal DOF			0.00	Tatal BOEs			0.00	
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 THIR	RTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	SUBSCRIBER GROUP	D	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
								
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		

	C.						014552	
				ATE FEES FOR EAC				
		SUBSCRIBER GROU		 		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	¢	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ross receipts i list	Group	Ψ	0.00	Cross Receipts dec	ona Group	Ψ	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	ORTY-THIRD	SUBSCRIBER GROU	<u> </u>	ONE HUNDRED F	ORTY-FOURTH	I SUBSCRIBER GROUP)	
OMMUNITY/ AREA			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 Third	d Group	<u></u> \$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	 \$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
	· · · · · · ·	<u> *</u>	3.00		2.34 P	<u> </u>	0.00	
ase Rate Fee: Add	the base ra	te fees for each subs	scriber group	as shown in the boxes	s above.			
inter here and in blo								i

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:					'STEM ID# 014552	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED FO	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
								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-FIGHTH	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	s	0.00	Gross Receipts Fourth	Group	\$	0.00	
	· F	·				·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
B B			elle e					
Enter here and in block			noer group	as shown in the boxes al	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 014552	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRED FIFTIETH 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
					_			
							0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	•	\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED FIFT	TY-FIRST	SUBSCRIBER GROU	<u>0</u>	ONE HUNDRED FIFTY COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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 a	as shown in the boxes ab	ove.	\$		

				ATE FEES FOR EAC				
9	0	SUBSCRIBER GROU	Y-FOURTH	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GROU	FTY-THIRD	ONE HUNDRED FIF
Computa				COMMONT 17 AREA	<u> </u>		***************************************	OMMONII I/ AREA
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	\$	Group	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	3roup	ase Rate Fee First G
		SUBSCRIBER GROU				\$ SUBSCRIBER GROI		
								ONE HUNDRED FIF
	JP			ONE HUNDRED	UP			ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP O DSE	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	DSE	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	IFTY-FIFTH	ONE HUNDRED FIF
	JP O DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROI	DSE	ONE HUNDRED FIF
	DSE O.00	CALL SIGN	DSE	ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	ONE HUNDRED FIF
	DSE O.00	CALL SIGN	DSE OF OUT OF THE PROPERTY OF	ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE Group	COMMUNITY/ AREA

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 014552	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED FIFTY-	SEVENTH	SUBSCRIBER GROUP			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 Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
	TY-NINTH	SUBSCRIBER GROUP		i i	O SIXTIETH	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 Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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 a	as shown in the boxes ab	ove.	\$		

Nonpermitted 3.75 Stations

CABLE ONE, INC.		E SYSTEM:	•			SY	STEM ID# 014552	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	BER GROUP		
	FIRST	SUBSCRIBER GROU	IP		SECOND	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA	NORFO	DLK		COMMUNITY/ AREA	WOODL	AND PARK/PILGE	₹	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 G	iroup	s 769	774.42	Gross Receipts Second	d Group	\$ 3	0,635.93	
		Ţ						
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	TILDEN	<u> </u>		COMMUNITY/ AREA PIERCE/RANDOLPH/HADAR/HOSKI				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
					<u> </u>			
			•					
			•					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 22	547.76	Gross Receipts Fourth	Group	\$ 8	5,544.11	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	s	0.00	
	. 0, 1110 1, 5	pado = (pago 1)					3.30	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:	•			S	YSTEM ID# 014552	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GROU	IP		SIXTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA	WISNE	R/WEST POINT/B	EEMER	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 G	roup	\$ 139	154.76	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	IP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	II as shown in the boxes a	above.	\$		

Nonpermitted 3.75 Stations

CABLE ONE, INC.		E SYSTEM:				SY	STEM ID# 014552	Name
Е				TE FEES FOR EACH				
	NINTH	SUBSCRIBER GROU			TENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs		Ш	0.00	Total DSEs			0.00	
Gross Receipts First G	roup	¢	0.00	Gross Receipts Second	d Group	¢	0.00	
Gioss Receipts Filst G	τουρ	\$	0.00	Gross Receipts Second	и Отоир	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	Р		TWELVTH	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 0	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 the Enter here and in block			ber group	as shown in the boxes at	oove.	\$		