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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
02/25/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2019/2								
Period									
Bowner	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 busine if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire according to the conduction of the country of the	ess of the cable system or on the last day of the counting perioa	em the accounting period should s						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	TELEVIEW LLC								
				015346 2019/2					
	4001 RODNEY PARHAM								
	LITTLE ROCK AR 72212								
С	INSTRUCTIONS: In line 1, give any business or trade names used to id								
C	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address give	n in space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First Community	DAHLONEGA	GA							
Community	Below is a sample for reporting communities if you report multiple cha			OUR SEE!					
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP	SUB GRP#					
Sample	Alliance	MD	A B	2					
	Gering	MD	В	3					
	- Coming	110	-						

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVIEW LLC

SYSTEM ID#

015346

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.

D Area 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.

DAHLONEGA GA B 5 CORNELIA GA B 5 HIAWASSEE GA A 1 WESTERN CLAY CO NC A 1 TOWNS CO GA A 1 BLAIRVILLE GA A 1 YOUNG HARRIS GA A 1 CLEVELAND GA B 5 WHITE CO GA B 5 LUMPKIN CO GA B 5 COMMERCE GA B 5 COMMERCE GA D 4 BANKS CO GA D 4 ARCADE GA D 4 JACKSON CO GA D 6 BIG CANOE GA D 6 HELEN GA B 5 ALTO GA B 5 ALTO GA B 5 DAWSONVILLE GA B	CH LINE UP	SUB GRP#
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UNION CO GA A 5 NICHOLSON GA D 4 HOMER GA D 4		
NICHOLSON GA D 4 HOMER GA D 4		5
HOMER GA D 4		
JEFFERSON GA D 4	ט D	4

First Community

ee instructions for additional information on alphabetization.

dd rows as necessary.

.....

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVIEW LLC

SYSTEM ID#

015346

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				
	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE				
Residential:								
Service to first set	9,024	\$	37.75	REMOTES 40 \$ 3.00				
Service to additional set(s)								
 FM radio (if separate rate) 								
Motel, hotel	466	\$	37.75					
Commercial								
Converter								
Residential	45	\$	3.00					
Non-residential								
	I	•						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 16.00	Motel, hotel		
 Pay cable—add'l channel 		Commercial		
Fire protection		• Pay cable		
•Burglar protection		 Pay cable-add'l channel 		
Installation: Residential		Fire protection		
First set	\$ 50.00	Burglar protection		
 Additional set(s) 		Other services:		
 FM radio (if separate rate) 		Reconnect	\$ 35.00	
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **TELEVIEW LLC** 015346 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 A1.2 1. CALL 2. B'CAST 3 TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) **WGTA** 32 Ε ATHENS GA **WSB** 2 Ν ATLANTA GA See instructions for WSB HD additional information N-M 2 **ATLANTA GA** on alphabetization. **WSB BOUNCE** 2.2 I-M **ATLANTA GA** 36 WATL ı ATLANTA GA WATL HD 36 I-M **ATLANTA GA WATL THIS** 36.2 I-M ATLANTA GA **WATL ANTE** 36.3 I-M ATLANTA GA 5 Ν **WAGA** ATLANTA GA **WAGA HD** 5 N-M **ATLANTA GA** WGCL 46 Ν ATLANTA GA **WGCL HD** 46 N-M ATLANTA GA **WPCH** 17 ı **ATLANTA GA WPCH HD** 17 I-M ATLANTA GA **WPXA** 14 ı **ROME GA WPXA SD** 14 I-M **ROME GA WUPA** 69 Ν ATLANTA GA **WXIA** 11 Ν ATLANTA GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVIEW LLC

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	A2.2	
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
WXIA HD	11	N-M			ATLANTA GA
WXIA WEAT	11.2	I-M			ATLANTA GA
WHSG	63	I			MONROE GA
WHSG SD	63	I-M			MONROE GA
WPBA	30	E	YES	О	ATLANTA GA
WPBA HD	30	E-M	YES	E	ATLANTA GA
WATC	57	E	YES	0	ATLANTA GA
WATC HD	57	E-M	YES	E	ATLANTA GA
WUNC	59	E	YES	O	CHAPEL HILL NC
WUNC HD	59	E-M	YES	E	CHAPEL HILL NC
WGTV	8	E	YES	О	ATHENS GA
WGTV HD	8	E-M	YES	E	ATHENS GA
WGTV PBS	8.2	E-M	YES	О	ATHENS GA
WGTV GPB	8.3	E-M	YES	0	ATHENS GA
		1			

G

Primary Transmitters: Television LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVIEW LLC

SYSTEM ID#
Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	B1.2	
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
WGTA	32	E			ATHENS GA
WSB	2	N			ATLANTA GA
WSB HD	2	N-M			ATLANTA GA
WSB BOUNCE	2.2	I-M			ATLANTA GA
WATL	36	I			ATLANTA GA
WATL HD	36	I-M			ATLANTA GA
WATL THIS	36.2	I-M			ATLANTA GA
WATL ANTE	36.3	I-M			ATLANTA GA
WAGA	5	N			ATLANTA GA
WAGA HD	5	N-M			ATLANTA GA
WGCL	46	N			ATLANTA GA
WGCL HD	46	N-M			ATLANTA GA
WPCH	17	I			ATLANTA GA
WPCH HD	17	I-M			ATLANTA GA
WPXA	14	I			ROME GA
WPXA SD	14	I-M			ROME GA
WUPA	69	N			ATLANTA GA
WXIA	11	N			ATLANTA GA

G

Primary Transmitters: Television LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVIEW LLC

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

-					
		CHANN	EL LINE-UP	B2.2	
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
WXIA HD	11	N-M			ATLANTA GA
WXIA WEAT	11.2	I-M			ATLANTA GA
WHSG	63	l			MONROE GA
WHSG SD	63	I-M			MONROE GA
WPBA	30	E	YES	0	ATLANTA GA
WPBA HD	30	E-M	YES	E	ATLANTA GA
WATC	57	E	YES	0	ATLANTA GA
WATC HD	57	E-M	YES	E	ATLANTA GA
WUNC	59	E	YES	0	CHAPEL HILL NC
WUNC HD	59	E-M	YES	Е	CHAPEL HILL NC
WGTV	8	E			ATHENS GA
WGTV HD	8	E-M			ATHENS GA
WGTV PBS	8.2	E-M			ATHENS GA
WGTV GPB	8.3	E-M			ATHENS GA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVIEW LLC

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	C1.2	
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
WATC	57	E			ATLANTA GA
WATC HD	57	E-M			ATLANTA GA
WSB	2	N			ATLANTA GA
WSB HD	2	N-M			ATLANTA GA
WSB BOUNCE	2.2	I-M			ATLANTA GA
WATL	36	l			ATLANTA GA
WATL HD	36	I-M			ATLANTA GA
WATL THIS	36.2	I-M			ATLANTA GA
WATL ANTE	36.3	I-M			ATLANTA GA
WAGA	5	N			ATLANTA GA
WAGA HD	5	N-M			ATLANTA GA
WGCL	46	N			ATLANTA GA
WGCL HD	46	N-M			ATLANTA GA
WPCH	17	I			ATLANTA GA
WPCH HD	17	I-M			ATLANTA GA
WUPA	69	N			ATLANTA GA
WGTV	8	E			ATHENS GA
WGTV HD	8	E-M			ATHENS GA

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELEVIEW LLC 015346 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

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.

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

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

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

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

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

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

		CHANN	EL LINE-UP	C2.2	
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
WPXA	14	I			ROME GA
WPXA SD	14	I-M			ROME GA
WXIA	11	N			ATLANTA GA
WXIA HD	11	N-M			ATLANTA GA
WXIA WEAT	11.2	I-M			ATLANTA GA
WHSG	63	I			MONROE GA
WHSG SD	63	I-M			MONROE GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVIEW LLC

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	D1.2	
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
WGTA	32	E			ATHENS GA
WSB	2	N			ATLANTA GA
WSB HD	2	N-M			ATLANTA GA
WSB BOUNCE	2.2	I-M			ATLANTA GA
WATL	36	I			ATLANTA GA
WATL HD	36	I-M			ATLANTA GA
WATL THIS	36.2	I-M			ATLANTA GA
WATL ANTE	36.3	I-M			ATLANTA GA
WPBA	30	E	YES	0	ATLANTA GA
WPBA DTV	30	E-M	YES	Е	ATLANTA GA
WAGA	5	N	YES	0	ATLANTA GA
WAGA HD	5	N-M	YES	0	ATLANTA GA
WGCL	46	N			ATLANTA GA
WGCL HD	46	N-M			ATLANTA GA
WPCH	17	I			ATLANTA GA
WPCH HD	17	I-M			ATLANTA GA
WPXA	14	I			ROME GA
WPXA SD	14	I-M			ROME GA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVIEW LLC

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	D2.2	
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
WUPA	69	N			ATLANTA GA
WXIA	11	N			ATLANTA GA
WXIA HD	11	N-M			ATLANTA GA
WXIA WEAT	11.2	I-M			ATLANTA GA
WHSG	63	I			MONROE GA
WHSG SD	63	I-M			MONROE GA
WATC	57	E			ATLANTA GA
WATC DTV	57	E-M			ATLANTA GA
WUNC	59	E	YES	0	CHAPEL HILL NC
WUNC HD	59	E-M	YES	E	CHAPEL HILL NC
WGTV	8	E			ATHENS GA
WGTV HD	8	E-M			ATHENS GA
WGTV PBS	8.2	E-M			ATHENS GA
WGTV GPB	8.3	E-M			ATHENS GA

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELEVIEW LLC 015346

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	E1.2	
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
WGTA	32	E			ATHENS GA
WSB	2	N			ATLANTA GA
WSB HD	2	N-M			ATLANTA GA
WSB BOUNCE	2.2	I-M			ATLANTA GA
WATL	36	I			ATLANTA GA
WATL HD	36	I-M			ATLANTA GA
WATL THIS	36.2	I-M			ATLANTA GA
WATL ANTE	36.3	I-M			ATLANTA GA
WPBA	30	E	YES	0	ATLANTA GA
WPBA HD	30	E-M	YES	E	ATLANTA GA
WAGA	5	N			ATLANTA GA
WAGA HD	5	N-M			ATLANTA GA
WGCL	46	N			ATLANTA GA
WGCL HD	46	N-M			ATLANTA GA
WPCH	17	I			ATLANTA GA
WPCH HD	17	I-M			ATLANTA GA
WPXA	14	I			ROME GA
WPXA SD	14	I-M			ROME GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVIEW LLC

SYSTEM ID#
Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	E2.2	
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
WUPA	69	N			ATLANTA GA
WXIA	11	N			ATLANTA GA
WXIA HD	11	N-M			ATLANTA GA
WXIA WEAT	11.2	I-M			ATLANTA GA
WHSG	63	I			MONROE GA
WHSG SD	63	I-M			MONROE GA
WATC	57	E			ATLANTA GA
WATC DTV	57	E-M			ATLANTA GA
WUNC	59	E	YES	0	CHAPEL HILL NC
WUNC HD	59	E-M			CHAPEL HILL NC
WGTV	8	E			ATHENS GA
WGTV HD	8	E-M			ATHENS GA
WGTV PBS	8.2	E-M			ATHENS GA
WGTV GPB	8.3	E-M			ATHENS GA

G

Primary Transmitters: Television

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 015346 TELEVIEW LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). AM or FM CALL SIGN 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 TELEVIEW LLC	CABLE SYST	ГЕМ:					S	YSTEM ID# 015346	Name	
SUBSTITUTE CARRIAGE In General: In space I, ident					n that your	aabla	avatam a	parried on a	ı	
substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Legister Column 2: If the programe Column 3: Give the called Column 4: Give the broatthe case of Mexican or Care Column 5: Give the morfirst. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E PROGRA titute progra tice, please a of every noi distant stati gulations, o tion. Do no Lucy" or "NE m was broad sign of the s adcast static hadian static hadian static re "S/7." es when the Example: a er "R" if the and regulation orgramming	IMS Im on a separa attach addition nnetwork telev ion and that you or authorization of use general of BA Basketball: dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	te line. Use abbreviations al pages. ision program (substitute pour cable system substitute s. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ded by a system from 6:01:	wherever pos rogram) that, d for the prog eral instructio "basketball". lo." m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 mming that ye center the let	sible, if the during the ramming one located List spectonsed by the hitfied). numerals List the till 8:30 p.m. our system ter "P" if the	eir me e acco of ano d in the ific pro ne FC0 , with mes a should n was ne liste	aning is unting ther statice paper ogram C or, in the mont accurately d be required ed pro	on h		
S	UBSTITUT	E PROGRAM	1		IAGE OC			7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	TIME:	S TO	DELETION		
						_				
										
	 									
	 									
	 									
						_				

ACCOUNTING PERIOD: 2019/2 FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 015346 TELEVIEW LLC **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime 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** DATE **FROM** TO DATE **FROM** TO

	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID# 015346	Name					
GR Ins all a	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secidentifed in space E) during the accounting period. For a further explanation of how to ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary transmi:	er the total of ssion service nount, see	K Gross Receipts					
during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 2,173,494.00 (Amount of gross receipts)									
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.	e entered on lir	ne 1 of						
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line	2 in block						
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered	on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064								
	Enter the result here. This is your minimum fee.	\$	23,125.98						
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 colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. No—Leave block 3 below blank and continued the properties of the	nn 4, you must od?	check						
Block 3	Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	-						
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00						
	Line 3. Add lines 1 and 2 and enter here	\$	-						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	23,125.98	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	r	0.00	submitting additional					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE.	\$	725.00	additional fees. Division for the					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	23,850.98	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of	the	addistrius 1660.					

Name		TEM ID#									
Itallic	TELEVIEW LLC	015346									
	CHANNELS										
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations										
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Gilailioid	Enter the total number of channels on which the cable	1									
	system carried television broadcast stations										
	O Fate-the total assessment a street of a street of a branch										
	Enter the total number of activated channels on which the cable system carried television broadcast stations	7									
	and nonbroadcast services										
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual										
Individual to	we can contact about this statement of account.)										
Be Contacted											
for Further	Name JIM POWELL Telephone 706.896.1089										
Information											
	Address 1839 HIGHWAY 17 N (Number, street, rural route, apartment, or suite number)										
	YOUNG HARRIS GA 30582										
	(City, town, state, zip)										
	5 " CANDDA DI ADE QUAINDOTDE AM COM 5 (" " " 220 400 2504										
	Email SANDRA.BLADE@WINDSTREAM.COM Fax (optional) 330.486.3504										
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.										
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)										
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or										
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or										
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system										
	in line 1 of space B.										
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein										
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]										
	[10 0.0.0., Geolon 1001(1300)]										
	/S/ TIMOTHY P LOKEN										
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.										
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.										
	Typed or printed name: TIMOTHY P LOKEN										
	Title: DIRECTOR RECUILATORY REPORTING										
	Title: DIRECTOR - REGULATORY REPORTING (Title of official position held in corporation or partnership)										
	Date: 'February 24, 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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: TELEVIEW LLC	SYSTEM ID# 015346	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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the						
paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary tr made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.		Gross Receipts Exclusion				
Name Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form		Q				
Line 1 Enter the amount of late payment or underpayment		Interest Assessment				
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days					
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	rest charge)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assi contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright please list below the owner, address, first community served, accounting period, and ID number as given i filing.						
Owner Address						
First community served Accounting period ID number						

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

ACCOUNTING PERIOD: 2019/2

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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

Santa Rosa	Stations A and C 35 mile zone
\ an	Bodega Bay ns B, D, id E le zone

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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

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

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE. PAG	E 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#										
1	TELEVIEW LLC					015346					
	SUM OF DSEs OF CATEGOR										
	 Add the DSEs of each station Enter the sum here and in line 		s schodulo		0.00						
	Lines the summere and in line	TOT PAIL 5 OF THE	s scriedule.		U.UU	}					
2	Instructions:										
_	of space G (page 3).	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).									
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-										
of DSEs for	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs										
Category "O"	2411 21211				II 0411 01011	D05					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
10113.											

Name	TELEVIEW L	LLC					S	015346	
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 LAG	C STATIONS:	COMPUTATION	ON OF DSFs			
	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	ER 3. N URS C ED BY S	IUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGI VALUE	5. TYPE	6. DS	iΕ	
			÷ ÷			x x	=		
			÷			x	=		
			÷ ÷			x x			
			÷ ÷	=		x x	<u>=</u>		
			÷	=		x	=		
	Add the DSEs	OF CATEGORY LAC Sof each station. Im here and in line 2 of p		le,	▶	0.00			
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations by the Broadcast of space I). Column 2: at your option. Column 3: Column 4: I	e the call sign of each stands of the call sign of each state on October 19, 1976 one or more live, nonnetwoe for each station give the This figure should correst the number of days Divide the figure in column This is the station's DSE	titution for a prograr (as shown by the let ork programs during a number of live, nor spond with the infor s in the calendar ye nn 2 by the figure in	n that your system ter "P" in column that optional carri nnetwork program mation in space I. ar: 365, except in column 3, and giv	was permitted to 7 of space I); and age (as shown by the scarried in substitute I can be seen the result in cole was permitted to the result in the result	delete under FCC rules the word "Yes" in column 2 tution for programs that	of were deleted s than the third	·m).	
	ı	SU	BSTITUTE-BAS	SIS STATIONS	S: COMPUTA	TION OF DSEs		1	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
			÷ 	=		÷		=	
			=			÷		=	
				=		÷		=	
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,								
5		ER OF DSEs: Give the ams applicable to your system		s in parts 2, 3, and	4 of this schedule	and add them to provide	the tota		
Total Number of DSEs		f DSEs from part 2● f DSEs from part 3●				•	0.00		
OI DOES		f DSEs from part 4 ●					0.00		
	TOTAL NUMBE	R OF DSEs						0.00	

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

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID# 015346	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of p	•	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	f the	6
n your anower in	110, complete bi			ELEVISION M	ARKETS				Computation of
l <u>=</u>	1981?	schedule—[,	iller markets as de				gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Jui dule. (Note: TI	part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursu *F A station pre	ules and regued pursuant to as defined all educations do station (76.0 or DSE sched ant to individuationally carries). The station we would be station we are to make the station we are to make the station we are to pursue the station we are the station which we are the station where the station we are the station which we are the station where the station where the station we are the station where the station where the station we are the station where the station where the station we are the station where th	lations cited boothe FCC mand in 76.5(kk) (7 al station [76.565) (see paragule). Lal waiver of Fed on a part-ting grade-Boothe fitting	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b re)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198 n), 76.61(b)(c), n) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs from	n block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro	ess receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter su	ım here						partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				x		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)	ı		0.00	

ELEVIEW L	OWNER OF CABLE	OTOTEM.					3	4STEM ID# 015346	Name
		BLOCK	A: TELEVIS	SION MARKET	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation o
									3.75 Fee
						•			
						•			
						•			
						•			
						•			
						•			
			·· <mark>···········</mark>	•		•			

Name	TELEVIEW LLC		E SYSTEM:						S	9315346
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fot A—Part-time spi 76.50; B—Late-night pric S—Substitute ca genera Column 5: Indicate Column 6: Compari	or to June 25, call sign for eather DSE for the DSE for the DSE for the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). arriage under all instructions the station's Ie the DSE figures. B, column 3 differential information you call information you information you call instructions the station's Ie the DSE figures.	1981, under forme ach distant station in his station for a sing period and year is arriage on which the regulations cited be mming: Carriage, colon, or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 for the current ures listed in column of part 6 for this state ou give in columns	r FCC rules gov dentifed by the gle accounting properties and station was cleave pertain to the carring to 76.61(e) C rules, sections regulations, or a form. accounting period and 5 and tion. 2, 3, and 4 mus	vern lett peri riag arri shos asis (1)) s 76 auth iod list	entifed by the letter "F" ning part-time and subter "F" in column 2 of piod, occurring between ge and DSE occurred ge and DSE occurred ided by listing one of these in effect on June 24s, of specialty program). 6.59(d)(3), 76.61(e)(3) horizations. For further as computed in parts the smaller of the two e accurate and is subj	stitute carri part 6 of the n January 1 (e.g., 1981/ e following I, 1981. aming unde n, or 76.63 (r explanation 2, 3, and 4 o figures her	age. DSE schedule, 1978 and Jur 1) etters FCC rules, se referring to on, see page (v of this schedule. This figure	ene 30, 19 ections vi) of the should be	981 se enterer
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED
	SIGN	DSE	P	ERIOD		CARRIAGE		OSE		DSE

7 Computation of the	,	"Yes," comple	ete blocks B and C		pai	rt 8 of the DSE sched	ule.			
Syndicated			BLOCI	K A: MAJOR	TE	LEVISION MARK	ET			
Exclusivity					1 4	d-fd b 7	0.5 -4.500		04	10040
Surcharge	l <u>—</u> * · ·	•		or television man	кет	as defined by section 7		rules in effect J	une 24,	1981?
	Yes—Complete	blocks B and	1 C .			No—Proceed to	part 8			
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	(C: Compu	tation of Exem	pt DSEs	3
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places			H	Was any station listed nity served by the cab to former FCC rule 76	le system p			
	Yes—List each s X No—Enter zero a		th its appropriate per part 8.	mitted DSE		Yes—List each st X No—Enter zero a			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	in I	DSE
			-							
			_							
			TOTAL DSEs	0.00				TOTAL DS	iFs.	0.00
			10 IAL DOLS	5.00	Ш			TOTAL DO		0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: TELEVIEW LLC	SYSTEM ID# 015346	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,173,494.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.	ow.	
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	e DSE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET	_	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	e DSE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	YSTEM ID#
Name	-	TELEVIEW LLC	015346
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). \$ E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$ \$ \$ \$ \$ Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		DI OCK A: CARRIACE OF PARTIALLY DISTANT STATIONS	
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	_	Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶	_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	_
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	_
		Base Rate Fee	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/2

	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 015346	Name
	the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here ▶		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	ANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadc re reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chanr		0
Space G	al: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe	e to exclude	9
receipts t	from subscribers located within the station's local service area, from your system's total gross receipts. To take 1, you must:		Computation
First: Div station or DSEs an	vide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine d the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	e the number of	Base Rate Fee and Syndicated Exclusivity Surcharge
NOTE: If	any portion of your cable system is located within the top 100 television market and the station is not exempt in pute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B blobe system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
	dentify a Subscriber Group for Partially Distant Stations	_4:	for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant st o that community.	ation you	Stations
outside tl	For each wholly distant and each partially distant station you carried, determine which of your subscribers were an estation's local service area. A subscriber located outside the local service area of a station is distant to that set token, the station is distant to the subscriber.)		
subscribe	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant er group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note t rill have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Computi groups. In each s	ing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sy	stem's subscriber	
	the communities/areas represented by each subscriber group.		
subscribe	e call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a ers in the group.	ıll of the	
	ystem is located wholly outside all major and smaller television markets, give each station's DSE as you gave it	in parts 2, 3,	
2) any po	this schedule; or, ortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in of this schedule.	block B,	
•	DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	te gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	instructions	
page. In	te a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (to that group's complement of stations and total gross receipts from the subscribers in that group). You do not ne	hat is, the total	

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 015346 **TELEVIEW LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

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LEGAL NAME OF OWN TELEVIEW LLC	IER OF CAB	LE SYSTEM:				S	YSTEM ID# 015346	Name
E		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP	LID	
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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 (\$	0.00	Base Rate Fee Sec		\$	0.00	
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COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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TELEVIEW LLC	BLE SYSTEM:				S	YSTEM ID# 015346
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
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OMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
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OMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
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TELEVIEW LLC	BLE SYSTEM:				S	015346
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
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LEGAL NAME OF OWN TELEVIEW LLC	ER OF CABL	E SYSTEM:				S	9YSTEM ID# 015346	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
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		-						Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENTY	-SEVENTH	SUBSCRIBER GROU	JP	TWEN	ITY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
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Base Rate Fee: Add to Enter here and in blood			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE	R OF CABI	LE SYSTEM:				S	YSTEM ID# 015346	Name
Bl	_OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC				
	ΓY-NINTH	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	1
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	JP	THIRT	TY-SECONE	SUBSCRIBER GROU	JP	İ
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs			0.00	l
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	1
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	l
Base Rate Fee: Add th Enter here and in block	ne base ra t 3, line 1, s	te fees for each subsc space L (page 7)	criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OW TELEVIEW LLC	NER OF CABL	E SYSTEM:				S	9YSTEM ID# 015346	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
		-						Stations
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TH	IRTY-FIFTH	SUBSCRIBER GROU		ТН	IIRTY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Tatal DOFa			0.00	Total DCC-			0.00	
Total DSEs	d Croup	•	0.00	Total DSEs	th Croup	•	0.00	
Gross Receipts Third	ι Θιουρ	<u>\$</u>	0.00	Gross Receipts Four	ит Стоир	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	o as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE	R OF CABI	LE SYSTEM:				S	YSTEM ID# 015346	Name
BL	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
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COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
		_						and
								Syndicated
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								for
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		_						
Total DSEs			0.00	Total DSEs		11	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
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COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
2.555 Rossipis Hill C	очр	·	<u> </u>	Sicos recorpto i dui	Стоир	*		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	te fees for each subso	criber group	as shown in the boxe	s above.	\$		

TELEVIEW LLC	BLE SYSTEM:				s	YSTEM ID# 015346
			TE FEES FOR EAC			
	SUBSCRIBER GRO				SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
FORTY-THIRE	SUBSCRIBER GRO	UP	FOR	TY-FOURTH	I SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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	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
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	0.00
Fotal DSEs	CALL SIGN				CALL SIGN	
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group		0.00	Total DSEs	th Group		0.00

TELEVIEW LLC	BLE SYSTEM:				8	YSTEM ID# 015346
			TE FEES FOR EAC			
	H SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	·····					
······································						
otal DSEs	- 11	0.00	Total DSEs		-!-!	0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
EORTV SEVENT						
TORTT-SEVENT	H SUBSCRIBER GRO	DUP	ii e		I SUBSCRIBER GROU	JP
	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	CALL SIGN		ii e		CALL SIGN	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
CALL SIGN DSE		0	COMMUNITY/ AREA	A		0
CALL SIGN DSE CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE
CALL SIGN DSE CALL SIGN DSE Total DSEs	CALL SIGN	DSE O.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE O.00
COMMUNITY/ AREA	CALL SIGN	DSE O.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE th Group	CALL SIGN	DSE O.00

LEGAL NAME OF OWNE	R OF CABI	LE SYSTEM:				S	YSTEM ID# 015346	Name
Bl	_OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC				
	TY-NINTH	SUBSCRIBER GROU		<u> </u>		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-FIRST	SUBSCRIBER GROU	JP 0	Ħ		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			U	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	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	ne base rat 3, line 1, s	te fees for each subso space L (page 7)	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN TELEVIEW LLC	IER OF CABL	E SYSTEM:				S	015346	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs	•	•	0.00	Total DSEs	•	•	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
FI COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP 0	
COMMUNITY AREA				COMMONT 17 AREA	······			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE TELEVIEW LLC	R OF CABI	LE SYSTEM:				S	YSTEM ID# 015346	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GROU			Y-EIGHTH	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 Fe
								and
						-		Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Otations
						-		
		•						
Total DSEs	<u> </u>	.!	0.00	Total DSEs	!	! !	0.00	
Gross Receipts First Gr	roun	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Gross Rescipts First Gr	оир		0.00	Cross receipts occor	a Group	•		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-NINTH	SUBSCRIBER GROU			SIXTIETH	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	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

TELEVIEW LLC	BLE SYSTEM:					YSTEM ID# 015346
			TE FEES FOR EAC			
	SUBSCRIBER GRO		i i		SUBSCRIBER GROU	
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
ross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
SIXTY-THIRE	SUBSCRIBER GRO	UP	ll six	TV EALIDTL	I SUBSCRIBER GROU	ID
			11		1 SUBSCRIBER GROU	
OMMUNITY/ AREA		0	COMMUNITY/ AREA		1 SUBSCRIBER GROU	0
	CALL SIGN		11		CALL SIGN	
		0	COMMUNITY/ AREA			0
		0	COMMUNITY/ AREA			0
		0	COMMUNITY/ AREA			0
		0	COMMUNITY/ AREA			0
		0	COMMUNITY/ AREA			0
		0	COMMUNITY/ AREA			0
		0	COMMUNITY/ AREA			0
		0	COMMUNITY/ AREA			0
		0	COMMUNITY/ AREA			0
		0	COMMUNITY/ AREA			0
		0	COMMUNITY/ AREA			0
		0	COMMUNITY/ AREA			0
CALL SIGN DSE		0	COMMUNITY/ AREA			0
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE
CALL SIGN DSE CALL SIGN DSE Cotal DSEs Gross Receipts Third Group	CALL SIGN	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0.00

TELEVIEW LLC					S	49 YSTEM ID# 015346
	A: COMPUTATION					
	TH SUBSCRIBER G		ii e		H SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross 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
SIXTY-SEVEN	ITH SUBSCRIBER G	ROUP	SI	XTY-EIGHTH	H SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
otal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	ırth Group	\$	0.00

TELEVIEW LLC	ABLE SYSTEM:					015346
	A: COMPUTATION C		П			
	TH SUBSCRIBER GRO				I SUBSCRIBER GRO	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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
SEVENTY-FIR:	ST SUBSCRIBER GRO	OUP	SEVEN	TY-SECONE	SUBSCRIBER GRO	UP
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		0.00	Total DSEs			0.00
	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00

LEGAL NAME OF OWI	NER OF CABL	E SYSTEM:				S	015346	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	\		0	COMMUNITY/ AREA	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
		-						Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROU		II		I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	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	l Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	o as shown in the boxes	s above.	\$		

TELEVIEW LLC	ABLE SYSTEM:				S	937EM ID# 015346
	A: COMPUTATION (
	TH SUBSCRIBER GR		H		H SUBSCRIBER GROU	
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 First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00
	TH SUBSCRIBER GR				1 SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	505
						DSE
						DSE
						DSE
						DSE
						DSE
						DSE
						DSE
						DSE
						DSE
						DSE
						DSE
						DSE
						DSE
		0.00	Total DSEs			0.00
Total DSEs		0.00	Total DSEs Gross Receipts Fou	urth Group	\$	
Total DSEs Gross Receipts Third Group	\$			urth Group		0.00

LE SYSTEM: SYSTEM 0153	15346 Na
COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
SUBSCRIBER GROUP EIGHTY-SECOND SUBSCRIBER GROUP	
0 COMMUNITY/ AREA	0 Compt
CALL SIGN DSE CALL SIGN DSE CALL SIGN DS	DSE
	Base R
	ar
	Syndi Exclu
	Surci
	fc
	Part
	Dist
	Stat
	0.00
\$ 0.00 Gross Receipts Second Group \$ 0.0	0.00
\$ 0.00 Base Rate Fee Second Group \$ 0.0	0.00
\$ 0.00 Base Rate Fee Second Group \$ 0.0 SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP	0.00
	0.00
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DS CALL SIGN DSE CALL SIGN	0
SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN	DSE
SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN	0 DSE
SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN	0 DSE

LEGAL NAME OF OWNER TELEVIEW LLC	R OF CABL	E SYSTEM:				SY	STEM ID# 015346	Name
				TE FEES FOR EACH				
	Y-FIFTH	SUBSCRIBER GROU			HTY-SIXTH	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	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EIGHTY-S	EVENTH	SUBSCRIBER GROU	IP	EIGHT	Y-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
						 		
		-						
						<u> </u>		
Tatal DCCa			0.00	Tetal DOF-			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gi	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

SYSTEM ID# 015346 Name	S				.E SYSTEM:	R OF CABL	LEGAL NAME OF OWNE TELEVIEW LLC	
)	IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	Bl	
	SUBSCRIBER GROU	NINTIETH			SUBSCRIBER GROU	Y-NINTH		
0 Computa		COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	CALL SIGN	DSE	CALL SIGN	DSE	DSE CALL SIGN DS			
Base Rate								
and	-							
Syndica								
Exclusiv Surchar								
for								
Partial								
Distan								
Station	-							
······································								
0.00			Total DSEs	0.00			otal DSEs	
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
0.00	Ψ	a Group	Gross Receipts occorr	0.00	Ψ	оир	nos receipts i list of	
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G	
GROUP	SUBSCRIBER GROU	'-SECOND	NINETY	JP	SUBSCRIBER GROU	TY-FIRST	NINE	
0 0	SUBSCRIBER GROU	'-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	TY-FIRST		
0	SUBSCRIBER GROU	Z-SECOND DSE			SUBSCRIBER GROU	DSE		
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
0			COMMUNITY/ AREA	0			CALL SIGN	
DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Total DSEs	
DSE O.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Fotal DSEs	
DSE O.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA	

# 6 Na	015346							TELEVIEW LLC
				TE FEES FOR EACH				
		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROL	ry-third	
Com	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base						-		
Syn								
Exc		<u> </u>					<u> </u>	
Sur								
Pa Di								
Sta								
	0.00			Total DSEs	0.00			otal DSEs
		•	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	u Oroup	Cross recocipts occor				•
· . []	0.00	\$	а Огоар	Gross recorpts descri			·	·
	0.00	\$		Base Rate Fee Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	JP		roup	iase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon		\$	roup	ase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	JP	\$	roup	ase Rate Fee First G NINE OMMUNITY/ AREA
=======================================	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	ase Rate Fee First G NINE OMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	ase Rate Fee First G NINE OMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	ase Rate Fee First G NINE OMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	ase Rate Fee First G NINE OMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	NINE
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group ETY-SIXTH	Base Rate Fee Secon NINI COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA CALL SIGN
	DSE	\$ SUBSCRIBER GROU	d Group ETY-SIXTH DSE	Base Rate Fee Secon NINI COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	TY-FIFTH DSE	NINE COMMUNITY/ AREA CALL SIGN
	0.00 JP	SUBSCRIBER GROU	d Group ETY-SIXTH DSE	Base Rate Fee Secon NINI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GROUND CALL SIGN	TY-FIFTH DSE	Base Rate Fee First G NINE COMMUNITY/ AREA

Nam	YSTEM ID# 015346	5				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE TELEVIEW LLC
	-			TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computa	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	CALL SIGN	DSE	CALL SIGN	CALL SIGN		
Base Rate								
and								
Syndica								
Exclusiv Surchar								
for								
Partial								
Distan						-		
Station								
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GRO	TY-NINTH	NINE
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	Group			\$	Group	
		\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third G

LEGAL NAME OF OWN TELEVIEW LLC	ER OF CABL	E SYSTEM:				S	015346	Name
ONE HUNDS		COMPUTATION OF SUBSCRIBER GROU	JP	ii —	ED SECONE	RIBER GROUP SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	ED FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	\		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		•						
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN TELEVIEW LLC	IER OF CABL	E SYSTEM:				S	015346	Name
ONE HUND	RED FIFTH	COMPUTATION OF SUBSCRIBER GROU	JP	III	DRED SIXTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and Syndicated
								Exclusivity
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Total DSEs			0.00	Total DSEs		-	0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	<u>\$</u>	0.00	1
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDF	RED EIGHTH	I SUBSCRIBER GRO	UP	İ
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
							 	1
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	s above.	\$		

SYSTEM ID 01534			.E SYSTEM:	ER OF CABL	TELEVIEW LLC
FEES FOR EACH SUBSCRIBER GROUP	TE FEES FOR EAC	BASE RA	COMPUTATION OF	LOCK A: (BL
ONE HUNDRED TENTH SUBSCRIBER GROUP			SUBSCRIBER GROL	ED NINTH	
COMMUNITY/ AREA	COMMUNITY/ ARE	0			COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN
Total DSEs 0.00	Total DSEs	0.00	•	_	Total DSEs
Gross Receipts Second Group \$ 0.00		0.00	\$	aroup.	Gross Receipts First G
Trees receipte eccent Greap	Croco recorpto coo			лоцр	Stock i todolpto i lict of
Base Rate Fee Second Group \$ 0.00	Base Rate Fee Sec	0.00	\$	Froup	Base Rate Fee First Gr
ONE HUNDRED TWELVTH SUBSCRIBER GROUP	ONE HUNDRE		\$ SUBSCRIBER GROU		ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP					ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP	ONE HUNDRE	JP			ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	ONE HUNDRE	JP 0	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED EL
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	ONE HUNDRE COMMUNITY/ ARE CALL SIGN Total DSEs	JP 0	SUBSCRIBER GROU	DSE	ONE HUNDRED ELECOMMUNITY/ AREA CALL SIGN Fotal DSEs
ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Otal DSES O.000	ONE HUNDRE COMMUNITY/ ARE CALL SIGN Total DSEs	JP O DSE O O O O O O	CALL SIGN	DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNE	ER OF CABL	E SYSTEM:				S	015346	Name	
ONE HUNDRED THI			JP	ii -	URTEENTH	RIBER GROUP I SUBSCRIBER GRO		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	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs		11	0.00		
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWN	NER OF CABL	E SYSTEM:				S	015346	Name
I ONE HUNDRED SEVI COMMUNITY/ AREA	ENTEENTH			ONE HUNDRED EI	GHTEENTH	RIBER GROUP I SUBSCRIBER GRO	UP 0	9
001111111111111111111111111111111111111								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs	•		0.00	Total DSEs		**	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU		iii .		SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	h Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

TELEVIEW LLC	BLE SYSTEM:				S	YSTEM ID# 015346
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	SUBSCRIBER GRO		i i		SUBSCRIBER GROUP	
COMMUNITY/ 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 First Group	\$	0.00	Gross Receipts Sec	CH SUBSCRIBER GROUP NTY-SECOND SUBSCRIBER GROUP A DSE CALL SIGN DS Ond Group \$ 0.0 NTY-FOURTH SUBSCRIBER GROUP A DSE CALL SIGN DS ODS ODS ODS ODS ODS ODS ODS	0.00	
					SUBSCRIBER GROUP Y-SECOND SUBSCRIBER GROUP DSE CALL SIGN DS Group \$ 0.0 Group \$ 0.0 Y-FOURTH SUBSCRIBER GROUP	
ase Rate Fee First Group	\$	0.00				
	SUBSCRIBER GROUI		11		I SUBSCRIBER GROUP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	BLOCK A: COMPUTATION OF BAS VENTY-FIRST SUBSCRIBER GROUP A DSE CALL SIGN TO SE CALL SIGN					
		O COMMUNITY/ AREA N DSE CALL SIGN DSE CALL SIGN O.00 Total DSEs O.00 Gross Receipts Second Group Base Rate Fee Second Group GROUP ONE HUNDRED TWENTY-FOURTH SUBSCRIBER G COMMUNITY/ AREA				
					O1534 CRIBER GROUP ND SUBSCRIBER GROUP CALL SIGN DSE O.00 \$ 0.00 \$ 0.00 \$ 0.00 CTH SUBSCRIBER GROUP	
					Group \$ 0. Group \$ 0. FOURTH SUBSCRIBER GROUP CALL SIGN DO DE CALL SIGN DE CALL	
						UP R GROUP 0 0 0 0 0.00 0.00 0.000 R GROUP 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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otal DSEs		0.00	Total DSEs			0.00
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	ABLE SYSTEM:				S	015346	Naı
			TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWENTY-FIF	TH SUBSCRIBER GROU		H .		SUBSCRIBER GROUP		ç
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0	Compi
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Comp
							Base R
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5 / 1 005		0.00	T / LD05		11	0.00	
Total DSEs		0.00				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 Seco	ONE HUNDRED TWENTY-SIXTH SUED MUNITY/ AREA CALL SIGN DSE DSE DIAMONITY/ AREA DSE DIAMONITY/ AREA STATE Fee Second Group SERIE HUNDRED TWENTY-EIGHTH SUED MUNITY/ AREA	\$	0.00	
IE HUNDRED TWENTY-SEVEN	TH SUBSCRIBER GROU	JP	ONE HUNDRED TWE	NTY-EIGHTH	I SUBSCRIBER GROUF	>	
COMMUNITY/ AREA			0014441477// 455	-			
		0	COMMUNITY/ AREA	A		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
	CALL SIGN				CALL SIGN		
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CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

	CABLE SYSTEM:				S	015346	Name
BLOCK	A: COMPUTA	TION OF BASE R	ATE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
ONE HUNDRED TWENTY-NI	NTH SUBSCRIBE		ONE HUNDR	ED THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	:A		0	Computati
CALL SIGN DSI	E CALL SIC	GN DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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							Partially
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							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	<u>·</u>		,			0.00 0.00 CRIBER GROUP 0	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	CALL SIGN DSE O.00 \$ 0.00 \$ 0.00 SUBSCRIBER GROUP	0.00	
ONE HUNDRED THIRTY-FI	RST SUBSCRIBE	R GROUP	ONE HUNDRED TH	IRTY-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
CALL SIGN DSI	E CALL SIG	GN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Fotal DSEs		0.00	Total DSEs			0.00	
	\$	0.00	Total DSEs Gross Receipts Fou	urth Group	\$	0.00	
Fotal DSEs Gross Receipts Third Group	\$			urth Group	\$		

TELEVIEW LLC	IER OF CABL	E SYSTEM:				S	015346	Name
ONE HUNDRED TH	IRTY-THIRD	COMPUTATION OF SUBSCRIBER GROUP		ONE HUNDRED THIS	RTY-FOURTH			9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			DUP ER GROUP O O O O O O O O O O O O O	Computation
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Total DSEs			0.00	Total DSEs	•		O15346 R GROUP SCRIBER GROUP O ALL SIGN DSE O.00 O.00 O.00 SCRIBER GROUP O O O O O O O O O O O O O O O O O O	1
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	İ
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Base Rate Fee First (\$	0.00			\$		
ONE HUNDRED TH		SUBSCRIBER GROUP		ii e		1 SUBSCRIBER GROUP	_	İ
COMMONT IT AREA		OMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN		U	İ			
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Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	1
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN	IER OF CABL	E SYSTEM:				S	YSTEM ID# 015346	Name
ONE HUNDRED THIRT COMMUNITY/ AREA		SUBSCRIBER GROUP		it .		I SUBSCRIBER GROUF		9
							OUP BER GROUP O O O O O O O O O O O O O	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
		-			<u></u>			Syndicated
								Exclusivity
		-						Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (\$	0.00			\$		
		SUBSCRIBER GROUP		ii —		SUBSCRIBER GRO	_	
COMMUNITY/ AREA		A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP TH SUBSCRIBER GROUP ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN Total DSEs Gross Receipts Second Group \$ 0.00 \$ DOBE COMMUNITY/ AREA ONE HUNDRED FORTIETH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	U					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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							015346 UP 0 DSE 0.00 0.00 0.00 OUP 0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

TELEVIEW LLC	BLE SYSTEM:				S	015346
			TE FEES FOR EACH	H SUBSCF	RIBER GROUP	
ONE HUNDRED FORTY-FIRS	T SUBSCRIBER GROU		Ħ		SUBSCRIBER GROUP	
COMMUNITY/ AREA		ION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA ONE ONE CALL SIGN ONE ONE ONE ONE ONE ONE ONE ONE ONE ON	U			
CALL SIGN DSE	CALL SIGN	DSE				DSE
otal DSEs		0.00	Total DSEs	'		0.00
Gross Receipts First Group			Gross Receipts Seco	nd Group	SUBSCRIBER GROUP Y-SECOND SUBSCRIBER GROUP DSE CALL SIGN DSE Group \$ 0.00 I Group \$ 0.00 DSE CALL SIGN DSE CALL SIGN DSE DSE DSE CALL SIGN DSE O 0.00 DSE DSE CALL SIGN DSE O 0.00 DSE CALL SIGN DSE	
Roon Boto Eas First Croup		0.00	Base Bate Fee Coop	Second Group DFORTY-FOURTH SUBSCRIBER GROUP AREA DSE CALL SIGN O. \$	0.00	
Base Rate Fee First Group	\$	<u> </u>				
ONE HUNDRED FORTY-THIRI	SUBSCRIBER GROU	P	ONE HUNDRED FOR	RTY-FOURTH	1 SUBSCRIBER GROUP)
		Λ.	I COMMUNITY/ ADEA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN	IPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FORTY-SECOND SUBSCRIBER O COMMUNITY/ AREA ALL SIGN DSE CALL SIGN DSE CALL SIGN O.00 Total DSEs Gross Receipts Second Group SCRIBER GROUP ONE HUNDRED FORTY-FOURTH SUBSCRIBER O COMMUNITY/ AREA	CALL SIGN			
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN			ACH SUBSCRIBER GROUP PORTY-SECOND SUBSCRIBER GROUP REA 0 DSE CALL SIGN DSE Second Group \$ 0.000 PORTY-FOURTH SUBSCRIBER GROUP REA 0 DSE CALL SIGN DSE Second Group \$ 0.000 DESECOND SECON		
	CALL SIGN				CALL SIGN	
	CALL SIGN				SUBSCRIBER GROUP Y-SECOND SUBSCRIBER GROUP DSE CALL SIGN DS O.0 Group \$ 0.0 DSE CALL SIGN DS CALL SIGN DS O.0 O.0 DSE CALL SIGN DS O.0 O.0 O.0 O.0 O.0 O.0 O.0 O.	
	CALL SIGN				UBSCRIBER GROUP SECOND SUBSCRIBER GROUP DSE CALL SIGN DS Group \$ 0.4 FOURTH SUBSCRIBER GROUP DSE CALL SIGN DS CALL SIGN DS O.4 O.4 O.5 O.6 O.6 O.6 O.7 O.7 O.7 O.8 O.8 O.8 O.9 O.9 O.9 O.9 O.9	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
CALL SIGN DSE	CALL SIGN				CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE		DSE
CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group Base Rate Fee Third Group		DSE	CALL SIGN Total DSEs	DSE		DSE

TELEVIEW LLC	NER OF CABL	E SYSTEM:				S	015346	Name
		COMPUTATION OF SUBSCRIBER GROUP		11			D	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		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
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		-						i
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								İ
			<u> </u>					i
Total DSEs			0.00	Total DSEs			0.00	i
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	İ
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FOR	TY-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-EIGHT	H SUBSCRIBER GROUP)	İ
COMMUNITY/ AREA		DMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN O.00 Total DSEs Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$	0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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		-						l
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						CRIBER GROUP (TH SUBSCRIBER GROUP CALL SIGN DSE O.00 \$ 0.00 \$ 0.00 TH SUBSCRIBER GROUP O CALL SIGN DSE O D D D D D D D D D D D D	l	
							RIBER GROUP O L SIGN O O O O O O O O O O O O O	İ
								i
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	1
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	1
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER TELEVIEW LLC	R OF CABL	E SYSTEM:				SY	STEM ID# 015346	Name
	001/ 4. (COMPLITATION OF	DACE DA	TE FEEC FOR FACI	LCUBCCD	IRED CROUD	010010	
ONE HUNDRED FORT				TE FEES FOR EACH		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
							0	
Total DSEs	<u> </u>		0.00	Total DSEs		 	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	ıd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROL			/-SECOND	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-					0	
							0	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	ı Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN	ER OF CABL	E SYSTEM:				S	94 O15346	Name
ONE HUNDRED FIF		COMPUTATION OF SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-FOURTH			9
COMMUNITY/ AREA			0	COMMUNITY/ AREA		CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE O.00 IP \$ 0.00 XTH SUBSCRIBER GROUP	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 0.00 0.00 0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00				<u>, </u>	
ONE HUNDRED FIF COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GROL		†		I SUBSCRIBER GRO		
COMMONTT // AREA			N OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUF COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN O.00 Total DSEs Gross Receipts Second Group Base Rate Fee Second Group ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUF ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUF COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-							
							015346 BROUP 0 DSE 0.00 0.00 0.00 BROUP 0	
	-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	R OF CABI	LE SYSTEM:				S	YSTEM ID# 015346	Name
Bl	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP	•			H SUBSCRIBER GROUF)	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSF	I CALL SIGN	DSF	Computation of
OALL GIGIN	DOL	OALL GIGIN	DOL	OALL GIGIN	DOL	OALL GIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
								1
								1
								1
								1
								1
Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	1
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	1
ONE HUNDRED FIR	FTY-NINTH	SUBSCRIBER GROUP	1	ONE HUNDR	RED SIXTIETI	H SUBSCRIBER GROUF)	1
COMMUNITY/ AREA			0	COMMUNITY/ AREA	FOR EACH SUBSCRIBER GROUP UNDRED FIFTY-EIGHTH SUBSCRIBER GROUP IITY/ AREA GN DSE CALL SIGN DSE CALL SIGN DSE SS D.000 Delipts Second Group Fee Second Group NE HUNDRED SIXTIETH SUBSCRIBER GROUP IITY/ AREA O O O O O O O O O O O O O	1		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
								1
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								1
								1
								1
								1
								1
								1
Total DSEs			0.00	Total DSEs		-	0.00	1
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	1
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	l
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		1

5.	0014.4.4	ONADUTATION OF		TE EEEO EOO E : 0:	10110000	IDED ODC! ID		
ВІ		SUBSCRIBER GRO		TE FEES FOR EACH		SUBSCRIBER GRO	LIP	
COMMUNITY/ AREA			1	COMMUNITY/ AREA			2	9
								Computation DSE of Base Rate and Syndicat Exclusiv Surchar for Partiall Distan Station 0.00 0.00 4
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	Base Rafi and Syndic Exclusi Surcha for Partia Dista Statio	
								2 Computation OSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00
								2 Computation OSE Sase Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00
								2 Computation OSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
						-		2 9 Computation of Base Rate Ferand Syndicated Exclusivity Surcharge for Partially Distant Stations
								2 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
								2 Computation OSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
								2 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
								2 Computation OSE Base Rate Fer and Syndicated Exclusivity Surcharge for Partially Distant Stations
								2 Computation DSE of Base Rate Fed and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00
	ļ	ļ.				Ц	• • • •	Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations
otal DSEs			0.00	Total DSEs			0.00	for Partially Distant Stations
ross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
							1	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
							0.00	
	THIRD	SUBSCRIBER GRO	UP				•	
OMMUNITY/ AREA	THIRD	SUBSCRIBER GRO			FOURTH	SUBSCRIBER GRO	UP	for Partially Distant Stations 0.00 0.00 0.00
OMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 3	COMMUNITY/ AREA	FOURTH		Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 GROUP 4	
	THIRD	SUBSCRIBER GRO			FOURTH		UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
CALL SIGN			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
			3	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 4	
CALL SIGN			DSE	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	DSE	
CALL SIGN	DSE	CALL SIGN	0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO	UP 4 DSE 0.00	
CALL SIGN	DSE		DSE	COMMUNITY/ AREA	DSE	SUBSCRIBER GRO	DSE	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G	DSE	CALL SIGN	0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO	UP 4 DSE 0.00	
CALL SIGN	DSE	CALL SIGN	0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE h Group	SUBSCRIBER GRO	UP 4 DSE 0.00	
CALL SIGN CALL SIGN Dital DSEs Tross Receipts Third G	DSE	CALL SIGN	0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE h Group	SUBSCRIBER GRO CALL SIGN * * * * * * * * * * * * *	UP 4 DSE 0.00 0.00	

		IRER CROUD	SLIBSUDI	TE EEES EVD EVUL	RASEDA	COMPUTATION OF	UCK V· C	DI
_	JP	SUBSCRIBER GROU		TETELSTOR EACH		SUBSCRIBER GROU		DL
_	6			COMMUNITY/ AREA	5			COMMUNITY/ AREA
	DSE OO Base Ra an Syndia Exclus Surch fo Parti Dist Stati	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DOL	OALL GIGIN	DOL	CALL GIGIN	DOL	CALL GIGIT	DOL	OALL GIGIT
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	-				_	_		
6 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations								
6 Computation OSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations		-					-	
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6 Computation OSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations								
015346 9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00								
BE of Base Rate For and Syndicated Exclusivity Surcharge for Partially Distant Stations								
Surcharge for Partially Distant Stations	0.00			Total DSEs	0.00			otal DSEs
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<u>o</u>								
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gr
	0.00 0.00 0.00	\$ SUBSCRIBER GROU		Base Rate Fee Second	'	\$ SUBSCRIBER GROU		
and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 GROUP 0			Base Rate Fee Second COMMUNITY/ AREA	'			S	
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	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	S OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	S OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	S OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	S OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	S OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SOMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	S OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	S OMMUNITY/ AREA
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	DSE O.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE DSE O.000	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Data DSEs
	JP O DSE	SUBSCRIBER GROU	DSE	CALL SIGN	JP 0 DSE	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Otal DSEs
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		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A· C	RI
•	JP	SUBSCRIBER GROU				SUBSCRIBER GROU		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	OALL GIGIT	DOL	OALL GIGIN	DOL	OALL GIGIT	DOL	CALL GIGIT
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	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	s ase Rate Fee First Gr
	ID.	SUBSCRIBER GROU						
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		CALL SIGN	DSE	İ		SUBSCRIBER GROU	DSE	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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		IRED CDOLID	SLIBSUDI	TE EEE6 EUD EVUL	BASE DA	COMPUTATION OF		DI
1	JP	SUBSCRIBER GROU				SUBSCRIBER GROU		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computat of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGN	DSL	CALL SIGIN
and						-		
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	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gr
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	JP 0	SUBSCRIBER GROU	XTEENTH	SI. COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	SI. COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	SI. COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	SI. COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	SI. COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	SI. COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	SI. COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	SI. COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	SI. COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	SI. COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF
	JP 0	SUBSCRIBER GROU	XTEENTH	SI. COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF
	JP 0	SUBSCRIBER GROU	XTEENTH	SI. COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF OMMUNITY/ AREA
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Nonpermitted 3.75 Stations

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	0.00 JP 0	SUBSCRIBER GROU	d Group ′-FOURTH	Base Rate Fee Secon FORT	JP 0	SUBSCRIBER GROU	TY-THIRD	FORT
	0.00 JP 0	SUBSCRIBER GROU	d Group ′-FOURTH	Base Rate Fee Secon FORT	JP 0	SUBSCRIBER GROU	TY-THIRD	FORT
	0.00 JP 0	SUBSCRIBER GROU	d Group ′-FOURTH	Base Rate Fee Secon FORT	JP 0	SUBSCRIBER GROU	TY-THIRD	FORT
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	0.00 JP 0	SUBSCRIBER GROU	d Group ′-FOURTH	Base Rate Fee Secon FORT	JP 0	SUBSCRIBER GROU	TY-THIRD	FORT
	0.00 JP 0	SUBSCRIBER GROU	d Group ′-FOURTH	Base Rate Fee Secon FORT	JP 0	SUBSCRIBER GROU	TY-THIRD	FORT
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	0.00 JP 0	SUBSCRIBER GROU	d Group ′-FOURTH	Base Rate Fee Secon FORT	JP 0	SUBSCRIBER GROU	TY-THIRD	FORT
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ross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FORTY-SEVENT	H SUBSCRIBER GR	OUP	FOR	TY-EIGHTH	SUBSCRIBER GRO	UP	
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otal DSEs ross Receipts Third Group		0.00 0.00	Total DSEs Gross Receipts Fourt	DSE TOUP		0.00 0.00	
otal DSEs		DSE	Total DSEs	DSE TOUP		DSE	

LEGAL NAME OF OWNE TELEVIEW LLC	ER OF CABL	LE SYSTEM:				S	YSTEM ID# 015346	Name
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			U	Computation
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		ii e		SUBSCRIBER GRO		
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Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
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Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

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	JP 0	SUBSCRIBER GROU	TY-SIXTH	FIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓΥ-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓΥ-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓΥ-FIFTH	FIF
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	DSE O.00	CALL SIGN	DSE Group	CALL SIGN CALL SIGN Total DSEs	JP O DSE O O O O O O	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA

Nonpermitted 3.75 Stations

Name	YSTEM ID# 015346	S				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE
	-			TE FEES FOR EAC				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
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and								
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for							···	
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	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G
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	UP				JP			FIFT
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	UP 0	I SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	FIFT
	UP 0	I SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	FIFT COMMUNITY/ AREA
	UP 0	I SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	FIFT COMMUNITY/ AREA
	UP 0	I SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	FIFT COMMUNITY/ AREA
	UP 0	I SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	FIFT COMMUNITY/ AREA
	UP 0	I SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	FIFT COMMUNITY/ AREA
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Name	YSTEM ID# 015346							TELEVIEW LLC
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	Bl
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
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and Syndicate							-	
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for								
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oss Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
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SIXTY-SEVENT	H SUBSCRIBER GRO	OUP	SIX	TY-EIGHTH	SUBSCRIBER GRO	
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second SEVENTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIRST	Sase Rate Fee First Gr SEVEN COMMUNITY/ AREA
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LEGAL NAME OF OWNE	ER OF CABL	LE SYSTEM:				S	YSTEM ID# 015346	Name
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	ase Rate Fee First Gr ONE HUNDRED FIFT OMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	ase Rate Fee First Gr ONE HUNDRED FIFT OMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	Sase Rate Fee First Gr	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	Base Rate Fee First Gr ONE HUNDRED FIFT COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	Base Rate Fee First Gr ONE HUNDRED FIFT COMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	ase Rate Fee First Gr ONE HUNDRED FIFT OMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	ase Rate Fee First Gr ONE HUNDRED FIFT OMMUNITY/ AREA	
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN	
	JP 0	\$ SUBSCRIBER GROU	SIXTIETH DSE	ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP OSE	\$ SUBSCRIBER GROU	Y-NINTH DSE	ase Rate Fee First Gr ONE HUNDRED FIFT OMMUNITY/ AREA CALL SIGN otal DSEs	
	O.00 JP OSE O.00	SUBSCRIBER GROU	SIXTIETH DSE	Dase Rate Fee Second ONE HUNDRED COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROUND CALL SIGN	Y-NINTH DSE	ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN Total DSEs	
	O.00 JP OSE O.00	SUBSCRIBER GROU	SIXTIETH DSE Group	ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	SUBSCRIBER GROUND CALL SIGN	Y-NINTH DSE	COMMUNITY/ AREA	

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **TELEVIEW LLC** 015346 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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