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						
2-28-20	\$ ALLOCATION NUMBER						

email to:

Return completed workbook by

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2019/2										
	Instructions:										
B Owner	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi a single statement of account and royalty fee payment covering the entire accounting perioo Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
	CABLE ONE, INC.										
				02303120192							
				023031 2019/2							
	210 E. EARLL DRIVE										
	PHOENIX, AZ 85012-2626										
С	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syste	em unless these							
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:										
	SPARKLIGHT										
	MAILING ADDRESS OF CABLE SYSTEM:										
	303 N. 4TH ST. 2 (Number, street, rural route, apartment, or suite number)										
	PONCA CITY, OK 74601										
_	(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	PONCA CITY	ок									
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#							
Sample	Alda	MD	Α	1							
	Alliance	MD	В	2							
	Gering	MD	В	3							

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

FORM SAJE. PAGE 10.			OVOTEM ID#	I								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#									
CABLE ONE, INC.			023031									
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.												
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.												
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).												
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.												
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#									
PONCA CITY	ок	AA	1	First								
KAY COUNTY	OK OK	AA	1	Community								
OSAGE	OK OK	AA	2	Community								
TONKAWA	OK	AA	1									
	OIX .		•									
				See instructions for additional information								
				on alphabetization.								
				Add rows as necessary.								

	•

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

023031

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	2,469	\$ 40.00				
Service to additional set(s)						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	115	\$ 40.00				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2							
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE	CATEGO	RY OF SERVICE	R	ATE
Continuing Services:			Installation: Non-residential						
Pay cable	\$	18.00	Motel, hotel			TIER-1		\$	44.00
Pay cable—add'l channel	\$	12.00	Commercial						
Fire protection			• Pay cable						
•Burglar protection			Pay cable-add'l channel						
Installation: Residential			Fire protection						
First set	\$	90.00	Burglar protection						
Additional set(s)	\$	60.00	Other services:						
• FM radio (if separate rate)			Reconnect	\$	60.00				
Converter			Disconnect						
			Outlet relocation	\$	60.00				
			Move to new address	\$	60.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 023031 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) K38AK 38 Ε No PONCA CITY, OK **KAUT** 40 OKLAHOMA CITY, OK ı Yes 0 See instructions for **KFOR** additional information Ν 0 OKLAHOMA CITY, OK 27 Yes on alphabetization. **KJRH** 8 Ν No TULSA, OK **KOCB** 33 0 OKLAHOMA CITY, OK Yes KOCB-2 33 I-M Yes 0 OKLAHOMA CITY, OK KOCB-3 33 I-M 0 Yes OKLAHOMA CITY, OK KOCO 0 7 Ν Yes OKLAHOMA CITY, OK KOKH I-M 0 24 Yes OKLAHOMA CITY, OK KOKH-2 24 I-M Yes 0 OKLAHOMA CITY, OK 50 **KOPX** ı Yes 0 OKLAHOMA CITY, OK **KSBI** 23 Yes 0 OKLAHOMA CITY, OK ı **KTBO** 15 I Yes 0 OKLAHOMA CITY, OK **KTUZ** 29 ı Yes 0 SHAWNEE, OK 0 KUOK-CD 35 ı Yes WOODWARD, OK 39 Ν 0 **KWTV** Yes OKLAHOMA CITY, OK KWTV-2 39 N-M Yes 0 OKLAHOMA CITY, OK

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, I					023031	Name
PRIMARY TRANSMITTI	RS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream	G, identify every eystem during the consistence of 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2)) and (6.61(e)(2)) and (6.61(e)(2)) and also in spate only on a substand also in spate formation concrm. The station's call associated with	y television st he accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta terning substill sign. Do not it h a station acc	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried tute basis station report origination cording to its over	(1) stations carried carriage of certain (e)(2) and (4))]; as carried by your case Special Statement both on a substitute, see page (v) on program services er-the-air designal	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example	G Primary Transmitters: Television
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		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						Τ	
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				023031		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59[d)(2) and (4), 76.616(e)(2) and (4), 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 program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried 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" (f							
				•	which the station is identifed.		
Note: If you are utilizing	ig multiple char				cnannei line-up.		
	l	CHANN	EL LINE-UP	AC			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, I					023031	Name
PRIMARY TRANSMITTI	RS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream	G, identify every eystem during the consistence of 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2)) and (6.61(e)(2)) and (6.61(e)(2)) and also in spate only on a substand also in spate formation concrm. The station's call associated with	y television st he accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta terning substill sign. Do not it h a station acc	g period, except 81, permitting the referring to 76.6 paragraph. distant stations forizations: t it in space I (the ation was carried tute basis station report origination cording to its over	(1) stations carried carriage of certain (e)(2) and (4))]; as carried by your case Special Statement both on a substitute, see page (v) on program services er-the-air designal	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example	G Primary Transmitters: Television
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		CHANN	EL LINE-UP	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#		
CABLE ONE, I	NC.				023031	Name	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 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"							
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	T	CHANN	EL LINE-UP	AE			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FURM SAJE. PAGE 3.					OVOTEM ID#			
CABLE ONE, IN		/STEM:			SYSTEM ID# 023031	Name		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 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.								
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,		CHANN	EL LINE-UP	AF	·			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	NC.				023031			
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 specife FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "For for independent), "I-M" (for independent multicast), "E" (for noncommercial educational instructions located in the paper SA3 form. Co								
FCC. For Mexican or O				•				
Note. II you are utilizii	ig multiple chai		·		спапнетше-ир.			
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			
					\			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				023031	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
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 as seociated with a station according to its over-the-air designation. For example, report multicast stream as successed with a station according to its over-the-air designation. For example, report multicast stream as successed with a station according to its over-the-air designation. For example, report multicast stream as seociated with a station according to its over-the-air designation. For example, report multicast stream as seociated with a station according to its over-the-air designation 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: Indic						
FCC. For Mexican or C Note: If you are utilizing				•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AH		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURINI SAJE. PAGE 3.					OVOTEM ID#	
CABLE ONE, II		YSTEM:			SYSTEM ID# 023031	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the constant of	he accounting n June 24, 19 (4), or 76.63 (red in the next	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If the st planation of local servi Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	CC rules, regular here in space only on a subs and also in spation and also in spation and associated with a section associated with a cash of the cash, "E" (for not be the cash), "E" (f	ations, or auth G—but do listitute basis. ace I, if the state that is sign. Do not read that is sign. Do not read that is sign. Do not read that is streams must be the FCC has the station. Whether the station in commercial page (v) of the the local servers in column on during the sme basis becast multicast stream or before Jumitter or an account of the content of the co	orizations: It it in space I (the ation was carried to the sais station report origination or be reported in continuous assigned to the same of the s	e Special Statemer If both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television stati- ington, D.C. This in rk station, an inde- for network multicar "E-M" (for nonco- ctions located in the inglete column 5, so ad. Indicate by ent ctivated channel or ubiject to a royalty tween a cable sys- senting the primar channel on any of instructions locate- list the community inter community with	is". If not, enter "No". For an expaper SA3 form. Istating the basis on which your ering "LAC" if your cable system capacity. In payment because it is the subject stem or an association representing ry transmitter, enter the designation in the paper SA3 form. It is which the station is licensed by the which the station is identified.	Television
		CHANN	EL LINE-UP	Al		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURINI SAJE. PAGE 3.					21/2		
CABLE ONE, II		/STEM:			SYSTEM ID# 023031	Name	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 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 FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If the st planation of local servi Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	CC rules, regular here in space only on a substand also in spatioformation concurrs. The second of t	ations, or auth G—but do list titute basis. Ince I, if the state erning substit sign. Do not real a station acceptate a station acceptate a station. In a station are station. In a station are a station and uring the same basis becament a station and uring the same basis becament a station and uring the same basis becament a station are the station. In a see page (v) ch station. For no, if any, given a station are station.	orizations: it in space I (the tion was carried ute basis station eport origination cording to its own be reported in coas assigned to the tannel 4 in Wash ation is a netwoetwork), "N-M" (if educational), or egeneral instructive area, (i.e. "or general instructive, you must correct out in the tion of a sam that is not some 30, 2009, be association repression of the general in true." Output Description of the general in true, it is not some 30, 2009, be sociation repression of the general in true. Stations, let the name of the same of the	e Special Statemer I both on a substitus, see page (v) of a program services er-the-air designal column 1 (list each the television statington, D.C. This in the television should be the television	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ion. For example, report multi- instream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). use paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Television	
		CHANN	EL LINE-UP	AJ			
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		
		l		l			

PRIMARY TRANSMITTERS: TELEVISION In General: In space C, 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 76.58(6)(2) and (4), 76.61(6)(2) and (4), 07.65(6)(2) and (4), 17.65(6)(2) and (4), 17.65(LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#		
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-lime 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 streams associated with a station and the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). To for noncommercial educational multicast). To for independent multicast. For for noncommercial educational multicast. For the meaning of these terms, 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 on a part-time basis because of lack of activated channel capacity. For the retransm							Name	
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)); and (2) certain stations carried on a substitute program basis under specific provided in the next paragraph. Substitute basis sations, see page (4) of the general instructions located in the station on some other basis. For further information concerning substitute basis stations, see page (4) of the general instructions located in the paper SA3 form. Column 5: 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) millicast), "I (for independent), "I-M" (for independent multicast), "E" (for moncommercial educational and ulticast). For the meaning of these terms, see page (4) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete oclumn 5, stating the basis on which your cable system carried the distant station of unique the accounting period. Indicate by entering "LAC" if your cable system carried the distant station of an association representing the primary transmitter of an associati	PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
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	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							
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	Column 2: Give the its community of licens on which your cable so Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the structure Column 5: If you heable system carried the carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or the cable system of the column 6: Give the FCC. For Mexican or the cable system of the column 6: Give the FCC. For Mexican or the cable system of the column 6: Give the FCC. For Mexican or the column of the cable system of the cable system and the cable syst	se. For example ystem carried the in each case was entering the lecast), "E" (for nese terms, see ation is outside ice area, see private entered "Yhe distant staticion on a part-tip icion of a distant tentered into o a primary transsimulcasts, also ree categories e location of ea Canadian static	e, WRC is Chane station. whether the station whether the station whether the station and the	annel 4 in Wash tation is a netwo etwork), "N-M" (if I educational), of egeneral instructivice area, (i.e. "or general instruction 4, you must confuse of lack of a earn that is not some 30, 2009, be ssociation repreyou carried the or of the general in U.S. stations, if e the name of the	ington, D.C. This in the station, an indefor network multicar "E-M" (for noncostions located in the instant"), enter "Ye ons located in the inplete column 5, sod. Indicate by entictivated channel or ubject to a royalty tween a cable systemating the primar channel on any of instructions locate list the community with	may be different from the channel spendent station, or a noncommercial ast), "I" (for independent), "I-M" symmercial educational multicast). He paper SA3 form. Is in the station of the system stating the basis on which your sering "LAC" if your cable system sepacity. In payment because it is the subject stem or an association representing the system of the syste		
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE			CHANN	FI LINE-LIP	ΔK			
		CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		

FURINI SAJE. PAGE 3.					0)/07514 ID#	
CABLE ONE, II		YSTEM:			SYSTEM ID# 023031	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during to ions in effect of 5.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (i ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the 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), "[" (for independent), "I-M" (for network) are 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 on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not						
Note: If you are utilizing	ng multiple chai	•	·		channel line-up.	
	1	CHANN	EL LINE-UP	AL		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				•		

CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, dentify every felevision station (including translator stations and low power felevision stations) carried by ever carebox system during the accounting period, except (1) stations cannot only on a part-time basis under oracle design during the accounting period, except (1) stations cannot donly on a part-time basis under oracle design system during the accounting period, except (1) stations cannot donly on a part-time basis under specific FCC rules, regulations, or authorizations. 75.56/(1)(2) and (4), 76.61 (4)(2) and (4), 07.66 (6) (2) and (4)); and (2) certain stations carried on a substitute basis station was cannot be reported in country. **Transmitters:** 1-b not list the station here in space 6—but do list if in space 1 the Special Statement and Program Log)—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 pages SA3 form. Column 1: List each station's call sign. Do not report dispination program services such as HBO, ESPN, etc. Identify each multi-cast stream associated with a station according to list over-the-article designation. For example, report multi-cast stream as "WETA-2". Similacus streams must be reported in column 1 (list each station, or a noncommercial educational station to be particle with the the FCC has assigned to the television station for thoracle and calculational streams and the distance of the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational store and calculational streams and the distance of the station or an expendent station or a particle with the station is a network station, and independent multicast). For the extramenission of a distant multicast stream that is not subject to a royally payment because it is the subject. For a surface and particle stream station	FURINI SAJE. PAGE 3.							
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) 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 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 9A3 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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station on which your cable system carried the channel of the set 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 or which your cable s			STEM:			SYSTEM ID# 023031	Name	
FCC rules and regulations in effect on June 24, 1981, permitting the 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 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 in space G—but do list it in space I (the Special Statement and Program Log)—if the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station is carried only on a substitute basis station was carried only on a substitute basis station was carried only on a substitute basis station, see page (v) of the general instructions located in the paper SA3 form. **Column 5: It she taken is simulcast stream smust be reported in column 1 (list each stream separately; for example, report multi-cast). For the meaning of these terms, 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 6; stating the basis on which your cable system carried the distant station of unique the accounting period. Indicate by entering "LAC" if your cable system carried the distant station of an association representing the cable system and a primary transmitter or an association representing the primary transmitter	PRIMARY TRANSMITTER	RS: TELEVISIO	N					
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 ascoiated 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), "for independent)," "-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 "Loc." if y	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.							
CHANNEL LINE-UP AM 1. CALL 2. B'CAST SIGN 2. B'CAST CHANNEL OF 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CARRIAGE	basis under specifc FCC Do not list the station is station was carried of List the station here, a basis. For further information in the paper SA3 forr Column 1: List each each multicast stream a cast stream as "WETA-2" WETA-simulcast). Column 2: Give the its community of license on which your cable system conductional station, by (for independent multicate in educational station, by (for independent multicate) for the meaning of thes Column 4: If the state planation of local service Column 5: If you have cable system carried the carried the distant station for the retransmission of a written agreement of the cable system and a tion "E" (exempt). For si explanation of these three Column 6: Give the FCC. For Mexican or Carried on the cable system and a tion "E" (exempt). For si explanation of these three Column 6: Give the FCC. For Mexican or Carried on the cable system and a carried the cable system and a carried the cable system and a carried of the cable system and a carried the carried t	C rules, regula nere in space (anly on a substand also in space of the properties of	tions, or auth G—but do list itute basis. ce I, if the staterning substit sign. Do not rear a station acceptate and the station acceptate and the station. The station acceptate and the station. The station acceptate and the station. The station acceptate and the station acceptate and the station acceptate and the station. The station acceptate and the station acceptate and the station acceptate and the station acceptate and the station acceptate acceptate and the station. For the station acceptate acc	orizations: It it in space I (the strict of the pasis station report origination cording to its own be reported in comment of the pasis assigned to the pasis assigned instruction of the pasis assigned to the pasis assig	e Special Statemed both on a substitus, see page (v) of a program services er-the-air designate column 1 (list each the television statistington, D.C. This interest of the television statistic for interest on the television statistic to a royalty state of the television of th	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ion. For example, report multi- is stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). ie paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system sepacity. payment because it is the subject stem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Television	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE	, ,	'	•	·		<u> </u>		
		CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		

PRIMARY TRANSMITTERS: TELEVISION In General: in space G, identify every television station (including translator stations and low power television stations) In General: in space G, identify every television station (including translator stations and low power television stations) FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs pecitions 75.69(9(2)) and (4), 76.61(9(2)) and (4), 76.61(9(LEGAL NAME OF OWN						
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-lime 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, 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 associated with a station according to its over-the-air designation. For example, report multicast streams associated with a station according to its over-the-air designation. For example, report multicast streams associated with a station and the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). To for independent multicast, "For for noncommercial educational multicast," (For independent), "LM" (for independent multicast). "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 on a part-time basis because of lack of activated channel repared; "LAC" "your cable system carried the distant station on	CABLE ONE, I						
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)); and (2) certain stations carried on a substitute basis, and 10.20(e)(2) and (4), 76.61(e)(2) and (4); and (2) certain stations carried on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (y) of the general instructions basis and also on some other basis. For further information concerning substitute basis station, see page (y) of the general instructions because the station of the cannot be system and primary the feCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, which you cable system carried the station. Column 5: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, or an anotational and thicast). For the meaning of these terms, see page (y) 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, stat	PRIMARY TRANSMITTE						
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 AN 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL	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						
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE	For the meaning of the Column 4: If the st planation of local servi Column 5: If you had be system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Column 1: If the state of the system and a state of t						
SIGN CHANNEL OF (Yes or No) CARRIAGE							

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				023031	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.661(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-N"" (for network multicast), "" (for independent), "I-N"" (for independent multicast), "E" (for noncommercial educational) or "E-N" (for noncommercial educational) multicas						
				•		
		CHANN	EL LINE-UP	AO		
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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				023031	- Humo
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis Subasis under specifc FC • Do not list the station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the discommendation of local serving Column 4: If the st planation of local serving Column 5: If you heach carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the carried the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the carried the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the carried the cable system and tion "E" (exempt). For explanation of these the column 6: Give the carried the cable system and tion "E" (exempt). For explanation of these the column 6: Give the carried the cable system and tion "E" (exempt). For explanation of these the column 6: Give the carried the cable system and tion "E" (exempt). For explanation of these the column 6: Give the carried the	ers: TELEVISIO G, identify every system during the control of the control Galler of the	y television state he accounting in June 24, 196 (4), or 76.63 (red) in the next perspect to any ations, or auth G—but do list titute basis. ace I, if the state erning substitions in the station account of the station account of the station. Whether the station. Whether the station. Whether the station account on during the account on during the account of the station or before Junitter or an account or the station. The station is a count of the station or during the account of the station. The station is a count of the station or station. The station is a count of the station or station. For the station is a count of the station. For the station is a count of the station. For the station is a count of the station.	g period, except 81, permitting the referring to 76.6 paragraph. It is a control of the fermion of the referring to 76.6 paragraph. It is a control of the referring to 76.6 paragraph. It is space I (the referring to report origination of the report origination of the reported in control of the reported in control of the reported in control of the reported in the report origination is a network assigned to the reported in the referring to the reported in the referring the re	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your ce e Special Statement of the special Statem	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify cion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). the paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AP		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					0)/0751110//	T
LEGAL NAME OF OWN		/STEM:			SYSTEM ID# 023031	Name
CABLE ONE, II					023031	
PRIMARY TRANSMITT						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during the consistence of	he accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis under specifc F	CC rules, regula	ations, or auth	orizations:		, ,	
Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-simulcast). Column 2: Give th its community of licens on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serve Column 5: If you headle system carried the carried the distant states For the retransmission of a written agreement the cable system and	n here in space only on a subs and also in spanformation concorm. It is associated with associated with a-2". Simulcast e channel numbers. For example ystem carried the in each case of entering the lecast), "E" (for nese terms, see ation is outside ice area, see "Yhe distant statiction on a part-tiision of a distant tentered into o a primary trans	G—but do list titute basis. It to be station and streams must be the FCC has, WRC is Charles station. Whether the station and page (v) of the the local serving age (v) of the serving the basis becamulticast stream or before Jumitter or an as	tit in space I (the stion was carried ute basis station eport origination cording to its own be reported in coas assigned to sannel 4 in Wash ation is a network), "N-M" (I educational), one general instructive area, (i.e. "or general instructive area, instructive	If both on a substitute, see page (v) on program services er-the-air designate column 1 (list each the television statifington, D.C. This list of the television statifington, D.C. This rk station, an indefor network multic r "E-M" (for noncontions located in the instant"), enter "Ye ions located in the inplete column 5, so do. Indicate by entictivated channel of ubject to a royalty tween a cable systeming the primal	es". If not, enter "No". For an ex- e paper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expanding the payment because it is the subject estem or an association representing ery transmitter, enter the designa-	
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, giv nnel line-ups,	of the general in the stations, leading the stations of the st	nstructions locate list the community ne community with space G for each	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				023031	Nume
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
Reimary 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 program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent						
				•	•	
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	AR		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					,	
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				023031	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Pasis Substitute Pasis Pas	G, identify even displays the control of a distant ion of a distant in each cate, also in a part-life in each case of a distant ion of a distant is entered into of a primary trans is included in a primary trans is included in a categories in candian station of a distant in each categories in categories in categories in categories in candian station of a distant in entered into of a primary trans is included in a categories in candian station of a distant in entered into of a primary trans is included in a categories in categories in a candian station in a distant in entered into of	y television st he accounting in June 24, 19 4), or 76.63 (id in the next respect to any ations, or auth G—but do listitute basis. In the state of the station acceptable of the station acceptable of the station acceptable of the station. In a station acceptable of the station acceptable of the station. In the station whether the station. In the local sendance of the station of the local sendance of the station of the station of the station of the station of the station. In the station of the station of the station of the station. It is see page (v) of the station. For the station of the station of the station. For the station of the station. It is see page (v) of the station of the stati	g period, except 81, permitting the referring to 76.6 paragraph. A distant stations to rizations: It it in space I (the ation was carried tute basis station report origination cording to its own be reported in containing to its own annel 4 in Wash ation is a netwo retwork), "N-M" (I educational), or general instruction area, (i.e. "or general instruction area of lack of a general instruction area of lack of a general instruction area." Jor U.S. stations, ie the name of the general in true.	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services the television statifington, D.C. This light of the television statifington, D.C. This lark station, an indefer network multicur "E-M" (for noncoptions located in the mplete column 5, sod. Indicate by entictivated channel or cubject to a royalty steven a cable system a cable system on any of instructions located in the primain channel on any of instructions located list the community with the carried to the	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	Primary Transmitters: Television
		CHANN	EL LINE-UP	AS		
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	

EIGA. NAME OF COMERCE OF CASE SYSTEM. CABLE ONLY, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations). FCC rules and equalitoris in effect on Juru 24, 1961, permitting the carriage of certain relevoir programs [sections of the control of	FURM SAJE. PAGE 3.					21/2			
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 (!) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriedge of certain network programs [sections 76.59(q)(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 paragraphs. 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 ((the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is a network station, an independent multicast). For for newnorthing the letter 17" (for network), "N-M" (for independent multicast), "For independent multicast), or 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 expla									
Corner do 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 under specific FCC rules, regulations, or authorizations: 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 associated with a station according to its over-the-air designation. For example, report 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 well-air simulations) and the station. Column 5: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). "Er (for noncommercial educational multicast), the meaning of these terms, 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	PRIMARY TRANSMITTERS: TELEVISION								
basis under specifc FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. * List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1:* List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream ascalated 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), "If (for independent)," "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" i	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.								
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	basis Under specific FCC rules, regulations, or authorizations: ¹ 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. ¹ List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-N" (for network multicast), "I (for independent), "I-N" (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 our a part-time basis because of lack of activated channel capacity.								
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	,			·		<u> </u>			
		CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			

FURM SA3E. PAGE 3.					2./2			
LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								
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.								
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Note: If you are utilizing			EL LINE-UP		<u> </u>			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#			
CABLE ONE, I	NC.				023031	Name		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 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 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) multicast).								
(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	AV				
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			

FURINI SAJE. PAGE 3.					21/2			
LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031								
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 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-N" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station during th								
Note: If you are utilizing	.9		EL LINE-UP					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 023031 CABLE ONE. INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Vos. VINO.	FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2019/2
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your nanswer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bullis." Column 2: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times ac		CABLE SYST	ГЕМ:					S	_	Name
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE □ During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball". 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of M	CABLE ONE, INC.								023031	
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 1. 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 PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball." 76er vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 15: Give the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG						
Stateme Program Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATIONS STATIONS SATATIONS SATAT	substitute basis during the acexplanation of the programm 1. SPECIAL STATEMENT	ccounting pe ing that mus CONCER	eriod, under spe st be included ir NING SUBST	ecific present and former FC in this log, see page (v) of the ITUTE CARRIAGE	C rules, regula e general instr	ations, or a ructions loc	author cated	izations. F in the pap	For a further per SA3 form.	Substitute Carriage: Special
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S SUBSTITUTE PROGRAM 4. GIVER PROGRAM 5. MAN	broadcast by a distant stat	tion?						Yes	X No	Statement and Program Log
SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S CARRIAGE OCCURRED FOR DELETION 7. REASON FOR DELETION	log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the progran Column 3: Give the call: Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a gram was substituted for present column for the colum	E PROGRA itute progra ce, please a of every nor distant stati gulations, o tion. Do nor Lucy" or "NB n was broad sign of the s adcast statio adian statio adian statio are "5/7." es when the Example: a er "R" if the and regulatio ogramming	IMS Im on a separa attach addition nnetwork telev ion and that you or authorization it 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 val pages. ision program (substitute pour cable system substitute pour cable system substitute of 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 stem carried the substitute pour capt of the system from 6:01:10 was substituted for programing the accounting period.	wherever pos rogram) that, d for the prog eral instructio "basketball". to." m. station is lice station is iden program. Use cable system. 5 p.m. to 6:2 mming that ye center the let	during the gramming of the last special specia	eir me e acccof ancof an	eaning is punting other staticle paper rogram C or, in the mont accurately id be a required ed pro	ion th	3
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION	S	SUBSTITUT	F PROGRAM	1						İ
		2. LIVE?	3. STATION'S		5. MONTH	6.	TIME	S		İ
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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

023031

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

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

LEGA	SA3E. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC.		SYSTEM ID# 023031	Name					
GRO Inst all a (as	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)								
• Con • Con • If you fee: • If you accompany	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.								
bloc ► If pa 3 be ► If pa	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be 3 below. rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoblock 4 below.	entered on line	2 in block						
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mol least the minimum fee, regardless of whether they carried any distant stations. This for 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.								
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 colu "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule.	e information yo mn 4, you must riod?	u gave in 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	\$ 	2,984.72						
	schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here	\$	2,984.72						
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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$	7,257.48 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact					
	Line 4. FILING FEE								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here								

Name	LEGAL NAME OF OWNER OF CABLE	SYSTEM:	SYSTEM ID#					
Name	CABLE ONE, INC.		023031					
M Channels	_	e (1) the number of channels on which the cable system carried television broadcast stations e cable system's total number of activated channels, during the accounting period.						
	1. Enter the total number of channels on which the cable system carried television broadcast stations							
	•	activated channels n carried television broadcast stations s						
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s	ACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual tatement of account.)						
for Further Information	Name EMERSON Y	Telephone 602-364-6195						
	Address 210 E. EARL (Number, street, rura	L DRIVE Iroute, apartment, or suite number)						
	PHOENIX, A (City, town, state, zip	Z 85012-2626						
	Email eme	rson.yearwood@cableone.biz Fax (optional) 602-364-6013						
0	CERTIFICATION (This state	ment of account must be certifed and signed in accordance with Copyright Office regulations.						
Certifcation	• I, the undersigned, hereby of	ertify that (Check one, but only one, of the boxes.)						
	(Owner other than corpo	pration or partnership) I am the owner of the cable system as identifed in line 1 of space B; or						
		an corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified that the owner is not a corporation or partnership; or	ed					
	(Officer or partner) I am in line 1 of space B.	an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable sy	rstem					
		ent of account and hereby declare under penalty of law that all statements of fact contained herein ct to the best of my knowledge, information, and belief, and are made in good faith. [6]]						
	X	/s/ Raymond Storck						
	(e.g., /	an electronic signature on the line above using an "/s/" signature to certify this statement. s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and pressutton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting						
	Турес	d or printed name: RAYMOND STORCK						
	Title:	VICE PRESIDENT (Title of official position held in corporation or partnership)						
	Date:	February 28, 2020						

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama				
CABLE ONE, INC.	023031	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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions pursuant to see the note on page (viii) of the general instruction paper SA3 form.	the basic t include sub- ction 119."	Special Statement Concerning Gross Receipts Exclusion				
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or ur 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)	- est charge)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.						
Owner Address						
First community served Accounting period ID number						

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

ACCOUNTING PERIOD: 2019/2

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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

40,00						
First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs	1.083	DSEs	1.389	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

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)

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031					
l						
	SUM OF DSEs OF CATEGORY "O" STATIONS:					
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.				40.00	
					13.00	
_	Instructions:					
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5					
Computation	of space G (page 3). 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"			CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KAUT	1.000				
	KFOR	0.250				
	KOCB	1.000				
	KOCO	0.250				
Add rows as	KOKH	1.000				
necessary.	KOKH-2	1.000				
Remember to copy	KOPX	1.000				
all formula into new	KSBI	1.000				
rows.	KTBO	1.000				
	KTUZ KWTV	1.000 0.250				
	KWTV-2	0.250 0.250				
	KOCB-2	1.000				
	KOCB-2	1.000				
	KUOK-CD	1.000				
	KAUT-2	1.000				
		1.000				
						<u> </u>

Name	CABLE ONE	, INC.						023031
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	at the call sign of all distance: For each station, give to correspond with the information and the figure in column at least to the third decition and the call independent.	the number of hours rmation given in spa the total number of I umn 2 by the figure mal point. This is the station, give the "typ blumn 4 by the figure	your cable syster ce J. Calculate on nours that the stati in column 3, and ge "basis of carriagoe-value" as "1.0."	n carried the statily one DSE for each or broadcast over ive the result in concern the state of	ion during the accounting ach station. If the air during the accounting the air during the accounting the acco	ounting period. In a figure must cational station, Less than the	
Capacity	-	C	CATEGORY LAG	C STATIONS:	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	ER 3. N URS C ED BY S	UMBER OF HOURS TATION ON AIR	4. BASIS OF CARRIAGI VALUE	5. TYPE		SE
			÷	=		x x	=	
			÷	=		x	=	
			÷ ÷			x x		
			÷			x x	=	
			÷	=		x	=	
	Add the DSEs	OF CATEGORY LAC Soft each station. Im here and in line 2 of p		e,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	e the call sign of each st l by your system in subsition of October 19, 1976 in one or more live, nonnetw For each station give the This figure should corre Enter the number of day: Divide the figure in colun This is the station's DSE	titution for a progran (as shown by the let ork programs during e 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 in that optional carri- metwork programs mation in space I. ar: 365, except in column 3, and give	was permitted to of space I); and age (as shown by the scarried in substi- a leap year. e the result in co	delete under FCC rules the word "Yes" in column 2 itution for programs that	2 of were deleted s than the third	rm).
		SU	BSTITUTE-BAS	SIS STATIONS		TION OF DSEs		
	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
			÷ 	=		÷		=
			=	=		÷		=
				=		-		
	Add the DSEs	OF SUBSTITUTE-BAS		e,		0.00]	=
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		f DSEs from part 2 •			>	`	13.00	
of DSEs		f DSEs from part 3 ● f DSEs from part 4 ●			!	•	0.00	
	TOTAL NUMBE	R OF DSEs						13.00

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

CABLE ONE, I		SYSTEM:					S	YSTEM ID# 023031	Name
Instructions: Bloc In block A: • If your answer if schedule.		•	part 6 and part	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo	ocks B and C	below.						
				ELEVISION M		70 5 6	F00 1 1	100	Computation of 3.75 Fee
<u></u>	1981?	schedule—[,	PLETE THE REM				guiations in	
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation ne 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 ru A Stations carri 76.61(b)(c)]	ıles and regu ed pursuant t	lations cited be to the FCC ma	usis on which you on elow pertain to tho rket quota rules [7 (6.59(d)(1), 76.61(ose in effect of 76.57, 76.59(b	n June 24, 198 o), 76.61(b)(c),	76.63(a) referring	j tc	
	C Noncommeric D Grandfathered instructions for E Carried pursu	al educational station (76.0 s	al station [76.5 65) (see parag ule). ual waiver of F	9(c), 76.61(d), 76. raph regarding su	63(a) referring bstitution of g	g to 76.61(d) grandfathered s			
	G Commercial L M Retransmission	JHF station won of a distan	rithin grade-B o t multicast stre	contour, [76.59(d)(eam.	(5), 76.61(e)(5	5), 76.63(a) ref	erring to 76.61(e)	(5)	
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			1		
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter รเ	ım here						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 I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)	ı		0.00	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023031 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE 3. DSE BASIS SIGN BASIS SIGN SIGN BASIS Computation of 3.75 Fee

	LEGAL NAME OF OWN	NER OF CABLE	SYSTEM:				SYSTEM ID#			
Name	CABLE ONE, IN	NC.					023031			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You stations carried pric Column 1: List the Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fr. A.—Part-time sp. 76.59; B.—Late-night pr. 76.61; S.—Substitute ca	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designater statement of account on fle in the Licensing Division.								
					,		J			
			<u> </u>							
		PERMITTE	D DSE FOR STA	TIONS CARRIE	D ON A PART-TIME AN	ID SUBSTITUTE BASIS	6			
	1. CALL	2. PRIO	R 3. ACC	COUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED			
	SIGN	DSE	PE	ERIOD	CARRIAGE	DSE	DSE			
		•								
		•								
		•								
7 Computation of the	,	"Yes," comple	te blocks B and C,		part 8 of the DSE sched	ule.				
Syndicated			BLOCK	(A: MAJOR	TELEVISION MARK	ET				
Exclusivity										
Surcharge	Is any portion of the or	cable system wi	ithin a top 100 majo	or television marl	et as defned by section 7	6.5 of FCC rules in effect	t June 24, 1981?			
	X Yes—Complete	blocks B and	C .		No—Proceed to	part 8				
					_	•				
	BLOCK B: C	arriage of VHF	/Grade B Contour	Stations	BLOCK	C: Computation of Exe	empt DSEs			
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places				l in block B of part 7 card le system prior to March .159)				
	Yes—List each s	tation below with	n its appropriate perr	mitted DSE	Yes—List each st	ation below with its approp	oriate permitted DSE			
	X No—Enter zero a	and proceed to p	art 8.		X No—Enter zero a	nd proceed to part 8.				
		, ,,		,						
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE CALLS	SIGN DSE			
										
										
		ļ								
		ļ								
		 								
		<u> </u>								
			TOTAL DSEs	0.00		TOTAL	DSEs 0.00			

LEGAL NA	SAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023031					
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE					
Section 1	Enter the amount of gross receipts from space K (page 7)	682,094.28	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.					
	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 DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE				
	A. Enter 0.00599 of gross receipts (the amount in section1)					
	B. Enter 0.00377 of gross receipts (the amount in section.1)					
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here					
	D. Multiply line B by line C and enter here					
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.					
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.					
	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	☐ No—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 DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE				
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$					
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here					
	D. Multiply line B by line C and enter here					
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge					

		STEM ID# 023031
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. \$\\$\$\$	
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. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to be a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers occated within that station's local service area and others were located outside that area. For the definition of a station's "local	
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
• Did y		
	X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
Section 1	Enter the amount of gross receipts from space K (page 7) ▶	_
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	-
Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee.	0.00
	Instru You m 6 was In blo If you Section 1 Section 2	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)

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	AME OF OWNER OF CABLE SYSTEM: .E ONE, INC.	SYSTEM ID# 023031	Name
CABL	E ONE, INC.	023031	
Section 4	If 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) **State		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)	0.00	
	Base Rate Fee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	•	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	dvantage of this	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	tion you	Stations
Step 2 outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
Step 3 subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Comp igroups	tting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	tem's subscriber	
	section:		
• Give	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in f this schedule; or,	n parts 2, 3,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	ilock B,	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
page.	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the	at is, the total	

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actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 023031 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

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LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				•	023031	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU			SECOND	SUBSCRIBER GRO	DUP	0
COMMUNITY/ AREA	Ponca	City, Kay County	, Tonkav	COMMUNITY/ ARE	A Osage	County		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		H		KAUT	1.00	KOCB-3	1.00	Base Rate Fee
				KFOR	0.25			and
				KOCB	1.00			Syndicated
				KOCO	0.25			Exclusivity
				KOKH KOPX	1.00 1.00			Surcharge for
				KSBI	1.00			Partially
				KWTV	0.25			Distant
				КТВО	1.00			Stations
		-		KTUZ	1.00			Clations
		=		KWTV-2	0.25			
		-		KOKH-2	1.00			
				KUOK-CD	1.00			
				KOCB-2	1.00			
Total DSEs			0.00	Total DSEs			12.00	
Gross Receipts First G	roup	\$ 630	,695.66	Gross Receipts Sec	cond Group	\$	51,398.62	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	2,984.72	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GRO	DUP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u></u>		
		-						
		_						
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	s above.	\$	2,984.72	

BLOCK A: COMPUTATION FIFTH SUBSCRIBER COMMUNITY/ AREA CALL SIGN DSE CALL SIGN Total DSEs	GROUP 0	COMMUNITY/ ARE	SIXTH	CALL SIGN	JP 0 DSE		
CALL SIGN DSE CALL SIGN CALL SIGN Total DSEs	0		A		0		
CALL SIGN DSE CALL SIGN				CALL SIGN			
CALL SIGN DSE CALL SIGN Fotal DSEs	DSE			CALL SIGN	DSE		
							
							
-							
					·····		
-							
							
-				1			
	0.00	Total DSEs			0.00		
oss Receipts First Group \$	0.00	Gross Receipts Sec	cond Group	\$	0.00		
sse Rate Fee First Group \$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SEVENTH SUBSCRIBER	GROUP		EIGHTH	I SUBSCRIBER GRO	JP		
OMMUNITY/ AREA	0	COMMUNITY/ AREA			0		
CALL SIGN DSE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
otal DSEs	0.00	Total DSEs			0.00		
Fross Receipts Third Group \$	0.00	Gross Receipts Fou	ırth Group	\$	0.00		
Base Rate Fee Third Group \$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		

CABLE ONE, IN		LE SYSTEM:				S	YSTEM ID# 023031	Name
	NINTH	COMPUTATION C SUBSCRIBER GRO	DUP	ATE FEES FOR EAC	TENTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		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		Ц	0.00	Total DSEs			0.00	
	Croup	•	0.00		and Craun	•	0.00	
Gross Receipts First	. Group	<u>\$</u>	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GRO	_	
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	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	d Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	o as shown in the boxe	es above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	023031	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		ii e		H SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								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	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ſ	FIFTEENTH	SUBSCRIBER GRO	DUP		SIXTEENTH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the base ra ck 3, line 1,	te fees for each subs space L (page 7)	scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OW CABLE ONE, IN		E SYSTEM:				S	023031	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GROU		TI .		I SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		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
		-						Surcharge
								for
								Partially
								Distant Stations
								Otations
Total DSEs		'	0.00	Total DSEs	-	**	0.00	
Gross Receipts First	t Group	•	0.00	Gross Receipts Seco	and Group	\$	0.00	
Gioss Receipts Fils	t Gloup	<u>\$</u>	0.00	Gloss Receipts Sect	orid Group	3	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROU		II		SUBSCRIBER GRO	_	
COMMUNITY/ ARE	Α		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 Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

Name	023031					LE SYSTEM:		CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BI
0	JP	SUBSCRIBER GROU	Y-SECOND	TWENT	UP	SUBSCRIBER GRO	ITY-FIRST	TWEN
9 Comput	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat						-		
and								
Syndica Exclusi								
Surcha								
for								
Partia								
Distar								
Statio								
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	ross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT	UP	SUBSCRIBER GRO	TY-THIRD	TWEN
	0							OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						_		
		<u> </u>						
					l			
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	h Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	otal DSEs

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABL	E SYSTEM:				S	YSTEM ID# 023031			
				TE FEES FOR EAC			ID.			
TWENTY COMMUNITY/ AREA				TWENTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0						
							DSE			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
otal DSEs			0.00	Total DSEs		-!-!	0.00			
Fross Receipts First Grou	ap	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00			
							0.00			
ase Rate Fee First Grou		\$	0.00	Base Rate Fee Seco		\$	0.00			
	VENTH :	SUBSCRIBER GRO		li		SUBSCRIBER GRO				
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
otal DSEs	ı		0.00	Total DSEs			0.00			
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
3ase Rate Fee Third Gro	up	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	YSTEM ID# 023031	Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GROU			HIRTIETH	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
								Otations
						•		
						•••		
Total DSEs			0.00	Total DSEs		! !	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Second		\$	0.00	
	TY-FIRST	SUBSCRIBER GROU		iii	-SECOND	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	
ase Rate Fee: Add th nter here and in block			riber group	as shown in the boxes a	above.	\$		

EGAL NAME OF OWNER OF CEABLE ONE, INC.	ADLE STOTEM.					023031	
	A: COMPUTATION O						
	RD SUBSCRIBER GRO				SUBSCRIBER GRO		
OMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
						0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$		
THIRTY-FIF	\$ TH SUBSCRIBER GRO	DUP	TH	IIRTY-SIXTH	\$ I SUBSCRIBER GRO	UP	
THIRTY-FIF				IIRTY-SIXTH			
THIRTY-FIF	TH SUBSCRIBER GRO	DUP	TH	IIRTY-SIXTH		UP	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ AREA	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ ARE/	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ ARE/	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ ARE/	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ ARE/	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ ARE/	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ ARE/	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP 0	TH COMMUNITY/ ARE/	HIRTY-SIXTH	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	TH SUBSCRIBER GRO	DUP	CALL SIGN	DSE	SUBSCRIBER GRO	DSE	
THIRTY-FIF	CALL SIGN	DUP DSE 0.00	CALL SIGN CALL SIGN The Community Are Are Are Are Are Are Are Are Are Are	DSE	CALL SIGN	DSE O.000	

CABLE ONE, INC.	BLE SYSTEM:				S	YSTEM ID# 023031	
			TE FEES FOR EAC				
	I SUBSCRIBER GRO				I SUBSCRIBER GRO		
COMMUNITY/ AREA		0	COMMUNITY/ AREA				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						2.22	
otal 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	
THIRTY-NINTH	I SUBSCRIBER GRO	UP		FORTIFTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			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 DISC							
CALL SIGN DISC							
CALL SIGN DISE							
		0.00	Total DSEs			0.00	
Total DSEs	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$		
Fotal DSEs	\$			th Group	\$	0.00	
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$			·	\$	0.00	

CABLE ONE, IN		E SYSTEM:				S	023031	Name
				TE FEES FOR EAC				
		SUBSCRIBER GROU		II		SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		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
T-+-1 DOF-			0.00	T-4-1 DOE-		11	0.00	
Total DSEs				Total DSEs				
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FC	ORTY-THIRD	SUBSCRIBER GROU		FOR	TY-FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC.	BLE SYSTEM:				S	YSTEM ID# 023031	
			TE FEES FOR EAC				
	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		H SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		U	COMMONITY AREA				
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	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FORTY-SEVENTH	I SUBSCRIBER GRO	UP	FOR	RTY-EIGHTH	H SUBSCRIBER GRO	UP	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
	_			•	-		
	1		П				

Naı	023031						R OF CABL	CABLE ONE, INC.
				TE FEES FOR EACH				
g		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GRO	TY-NINTH	
Compu	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
o	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Ra								
an								
Syndic Exclus								
Surch								
fo								
Parti								
Dista Stati								
Otati								
	0.00		•	Total DSEs	0.00	•	•	otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
		SUBSCRIBER GROU	/-SECOND	ii e		SUBSCRIBER GRO	TY-FIRST	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			DOL					
			DOL					
			DGE					
			DOL					
			DOL					
			DGL					
			DOL					
			DOL					
			DOL					
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$			0.00	\$	Group	
		s		Total DSEs		\$	Group	Fotal DSEs Gross Receipts Third G

LEGAL NAME OF OWNER OF CA CABLE ONE, INC.	BLE SYSTEM:				S	YSTEM ID# 023031	Name
BLOCK A	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	D SUBSCRIBER GRO		i i		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicated
							Exclusivity
							Surcharge
							for Partially
		<u>"</u>					Distant
							Stations
	-!	0.00				0.00	
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	
FIFTY-FIFT	H SUBSCRIBER GRO	UP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	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 Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.230 Noccipio Tima Oroup							

CABLE ONE, INC		E SYSTEM:				S	023031	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
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
	-							i
								i
								1
								i
			0.00				0.00	İ
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	1
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FI	FTY-NINTH	SUBSCRIBER GROU			SIXTIETH	SUBSCRIBER GRO	UP	İ
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
								i
								İ
								i
								İ
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								İ
								İ
								i
								İ
Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Raco Data Eco Thind	Group	¢	0.00	Raco Pata Fao Farr	th Group	¢	0.00	1
Base Rate Fee Third	Эгоир	<u></u> \$	0.00	Base Rate Fee Four	и Стоир	\$	0.00	İ
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	s above.	\$		1

CABLE ONE, INC.	BLE SYSTEM:					023031			
			TE FEES FOR EAC			LID.			
SIXTY-FIRS COMMUNITY/ AREA	T SUBSCRIBER GRO	DUP 0	COMMUNITY/ AREA		SUBSCRIBER GRO	<u>UP</u> 0			
OOMINIONITI / AREA			COMMONT IT AREA			DSE			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		<u></u>							
		<u></u>							
otal DSEs		0.00	Total DSEs	•		0.00			
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
						0.00			
	\$	0.00	Base Rate Fee Seco		\$				
SIXTY-THIR	SUBSCRIBER GRO	DUP	SIX	TY-FOURTH	SUBSCRIBER GRO	UP			
SIXTY-THIR	L'			TY-FOURTH					
SIXTY-THIR DMMUNITY/ AREA	L'	DUP	SIX	TY-FOURTH		UP			
SIXTY-THIR DMMUNITY/ AREA	D SUBSCRIBER GRO	OUP 0	SIX COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP 0			
SIXTY-THIR DMMUNITY/ AREA	D SUBSCRIBER GRO	OUP 0	SIX COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP 0			
SIXTY-THIR DMMUNITY/ AREA	D SUBSCRIBER GRO	OUP 0	SIX COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP 0			
SIXTY-THIR DMMUNITY/ AREA	D SUBSCRIBER GRO	OUP 0	SIX COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP 0			
SIXTY-THIR OMMUNITY/ AREA	D SUBSCRIBER GRO	OUP 0	SIX COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP 0			
SIXTY-THIR OMMUNITY/ AREA	D SUBSCRIBER GRO	OUP 0	SIX COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP 0			
SIXTY-THIR OMMUNITY/ AREA	D SUBSCRIBER GRO	OUP 0	SIX COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP 0			
SIXTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	OUP 0	SIX COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP 0			
SIXTY-THIR	D SUBSCRIBER GRO	OUP 0	SIX COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP 0			
SIXTY-THIR	D SUBSCRIBER GRO	OUP 0	SIX COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP 0			
SIXTY-THIR	D SUBSCRIBER GRO	OUP 0	SIX COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP 0			
SIXTY-THIR COMMUNITY/ AREA CALL SIGN DSE	D SUBSCRIBER GRO	OUP 0	SIX COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP 0			
SIXTY-THIR COMMUNITY/ AREA CALL SIGN DSE	D SUBSCRIBER GRO	DUP	CALL SIGN	DSE DSE	I SUBSCRIBER GRO	DSE			
COMMUNITY/ AREA	CALL SIGN	DUP DSE 0.00	CALL SIGN CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE			

CABLE ONE, INC.	BLE SYSTEM:				S	YSTEM ID# 023031	
			TE FEES FOR EAC			-	
SIXTY-FIFTI COMMUNITY/ AREA	I SUBSCRIBER GRO	<u>UP</u> 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	JP 0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	+	···					
otal DSEs	-!!	0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
						0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$	0.00	
	I SUBSCRIBER GRO		TT .		1 SUBSCRIBER GRO		
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	. =						
	. =						
	" 						
		0.00	Total DSEs			0.00	
otal DSEs	·		Gross Receipts Four	th Group	\$	0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Gross receipts rour				
	\$	0.00	Orosa receipta rour				

Nan	SYSTEM ID# 023031					LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GRO	ΓΥ-NINTH	
Compu	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Ra								
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CABLE ONE, INC.	BLE SYSTEM:				S	923031
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
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ross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
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		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP SUBSCRIBER GRO	UP	
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Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
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ONE HUND	RED THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	ED FOURTH	I SUBSCRIBER GRO	UP	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	· ·		0.00	Total DSEs	•		0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP D FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP Computation OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP Computation OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER		SUBSCR	TE EEEO EOO EAOU				
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E SYSTEM: SYSTEM 023	TEM ID# 023031
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SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL	DSE
SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE O.000 Total DSEs O.000	0 DSE
SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE O.000 Total DSEs O.000	DSE
SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE O.000 Total DSEs O.000	0 DSE

CABLE ONE, INC		E SYSTEM:				S	023031	Name
				ATE FEES FOR EACH			LID	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		I SUBSCRIBER GRO	0 0	9 Commutation
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	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GROU	<u>0</u>	COMMUNITY/ AREA		I SUBSCRIBER GRO	0P	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.	R OF CABI	E SYSTEM:				S	023031	Name
				TE FEES FOR EACH				
ONE HUNDRED SEVEN	ITEENTH	SUBSCRIBER GROU			HTEENTH	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	ļ		0.00	
Gross Receipts First Gr	oun	¢	0.00	Gross Receipts Second	d Croup	•	0.00	
Gloss Receipts Filst Gi	oup	\$	0.00	Gloss Receipts Secon	u Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED NIN	ITEENTH	SUBSCRIBER GROU		ONE HUNDRED TV	VENTIETH	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 the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	YSTEM ID# 023031	Name
				TE FEES FOR EACH				
ONE HUNDRED TWEN	ITY-FIRST	SUBSCRIBER GROU		ONE HUNDRED TWENT	Y-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
						-		Stations
								Otationo
						-		
						•		
		•				•		
Total DSEs		!	0.00	Total DSEs	L	!!	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							$\overline{}$	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

CABLE ONE, IN		E SYSTEM:				S	023031	Name
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EAC		RIBER GROUP		
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	COMMUNITY/ AREA		I SOBSCRIBER GROOF	0	9 Computation
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	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	COMMUNITY/ AREA		I SUBSCRIBER GROUP	0	
COMMUNITY AREA	Η		U	COMMONT 17 AREA			<u> </u>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Cross Receipts Till	a Group	*	3.00	Signal Receipts Four	G.Oup	*		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

O COMMUNITY/ AREA O Computation DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 O.00 Base Rate Fee Second Group ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA O Computation Of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABL	LE SYSTEM:				S	YSTEM ID# 023031	Name
O COMMUNITY/ AREA O Computation DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Gross Receipts Second Group O.00 Base Rate Fee Second Group ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA O Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLO	OCK A: C	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Gross Receipts Second Group Base Rate Fee Second Group ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA O Computation OA Base Rate Fee CALL SIGN DSE And Syndicated Exclusivity Surcharge for Partially Distant Stations	ONE HUNDRED TWENTY	/-NINTH	SUBSCRIBER GROUP		111		SUBSCRIBER GROUP)	۵
DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP O COMMUNITY/ AREA O	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
and Syndicated Exclusivity Surcharge for Partially Distant Stations	CALL SIGN	DSE	CALL SIGN	DSE	H			DSE	
Syndicated Exclusivity Surcharge for Partially Distant Stations 1.									Base Rate Fe
D.00 Total DSEs D.00 Sross Receipts Second Group \$ 0.00 D.00 Base Rate Fee Second Group \$ 0.00 OND ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0									
Surcharge for Partially Distant Stations O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00 D.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA O									
for Partially Distant Stations O.00 Total DSEs O.00 O.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 O.00 DOE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA O									
0.00 Total DSEs 0.00 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP 0 0 COMMUNITY/ AREA 0 0 0									
0.00 Total DSEs 0.00 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0									-
0.00 Total DSEs 0.00 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0									
0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0									Stations
0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0									
0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0									
0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0									
0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0									
0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0									
0.00 Base Rate Fee Second Group \$ 0.00 GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0	Total DSEs		-	0.00	Total DSEs			0.00	
GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA O	Gross Receipts First Grou	пb	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
0 COMMUNITY/ AREA 0	Base Rate Fee First Grou	лb	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	ONE HUNDRED THIRT	Y-FIRST	SUBSCRIBER GROUP	1	ONE HUNDRED THIS	RTY-SECONI	SUBSCRIBER GROUP)	
DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ AREA	\		0	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
0.00 Total DSEs	Total DSEs			0.00	Total DSEs			0.00	
0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third Gro	up	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

CABLE ONE, INC.	BLE SYSTEM:				5	023031
			ATE FEES FOR EAC			
ONE HUNDRED THIRTY-THIR COMMUNITY/ AREA) SUBSCRIBER GROU	P 0	ONE HUNDRED THII		I SUBSCRIBER GROUP	0
COMMONT IT ANEX			COMMONTTY AREA			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs		<u> </u>	0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00
iloss Receipts Filst Gloup	4	0.00	Gross Neceipis Gecc	ліа Огоар	-	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
ONE HUNDRED THIRTY-FIFT	Ľ	P	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP)
ONE HUNDRED THIRTY-FIFT	Ľ			HIRTY-SIXTH		*
ONE HUNDRED THIRTY-FIFT	Ľ	P	ONE HUNDRED T	HIRTY-SIXTH)
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	THIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	THIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	THIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	THIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	THIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	THIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	THIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	THIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	THIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	THIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT	H SUBSCRIBER GROU	P 0	ONE HUNDRED T	THIRTY-SIXTH	I SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-FIFT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GROU	P O O O O O O O O O O O O O O O O O O O	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN	THIRTY-SIXTH	I SUBSCRIBER GROUF	DSE
ONE HUNDRED THIRTY-FIFT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GROU	DSE DSE O.00	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE
ONE HUNDRED THIRTY-FIFT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GROU	P O O O O O O O O O O O O O O O O O O O	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN	DSE	I SUBSCRIBER GROUF	DSE
COMMUNITY/ AREA	H SUBSCRIBER GROU	DSE DSE O.00	ONE HUNDRED T COMMUNITY/ AREA CALL SIGN Total DSEs	DSE th Group	CALL SIGN	DSE

CABLE ONE, INC		E SYSTEM:				S	023031	Name
ONE HUNDRED THIRT	Y-SEVENTH			TT .	RTY-EIGHTH	RIBER GROUP I SUBSCRIBER GROUF)	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
								ı
								ı
								ı
								ı
Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	ı
								ı
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	1
ONE HUNDRED TH		SUBSCRIBER GROUP	0	ONE HUNDRED		I SUBSCRIBER GRO	UP 0	ı
COMMONT TO AREA				COMMONT 17 AREA				ı
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
								ı
								ı
								ı
								ı
								ı
								ı
								ı
								ı
								ı
								ı
								ı
Total DSEs			0.00	Total DSEs	_		0.00	ı
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	h Group	\$	0.00	ı
								ı
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	l
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$		1

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				S	023031	Name
	ORTY-FIRST	COMPUTATION O SUBSCRIBER GROU	Р	Ħ	RTY-SECOND	IBER GROUP SUBSCRIBER GROUP	P	9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	ORTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ ARE	Α		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 Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 023031	Name			
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP					
ONE HUNDRED F	ORTY-FIFTH	SUBSCRIBER GROUI	P	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP)	•			
COMMUNITY/ AREA			0	COMMUNITY/ ARE			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 Sec	ond Group	\$	0.00				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
ONE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROUI	P	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP)				
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
		-									
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00				
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00				
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$					

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 023031	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCR	IBER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRE) FIFTIETH	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
		-						for
								Partially
						 		Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-				<u>- </u>		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				S	023031	Name
	IFTY-THIRD	COMPUTATION O SUBSCRIBER GRO	DUP		TY-FOURTH	IBER GROUP SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
		_						Distant
								Stations
Total DSEs	•		0.00	Total DSEs	•	•	0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED I		SUBSCRIBER GRO	0 0	ONE HUNDRED COMMUNITY/ ARE		SUBSCRIBER GRO	0 0	
COMMONT I/ AIL				COMMONT I/ ARE	^			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_						
		_						
Total DSEs		_	0.00	Total DSEs		_	0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		
	, .,							

Base Rat	LEGAL NAME OF OWNER OF CAE CABLE ONE, INC.	BLE SYSTEM:				S	YSTEM ID# 023031	Name
COMMUNITY/AREA				TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
CALL SIGN DSE CALL SIGN		1 SUBSCRIBER GROUI		i i		H SUBSCRIBER GROUP		۵
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	DSE O.000	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GROU	Y-NINTH DSE	SEVENTOMMUNITY/ AREA CALL SIGN otal DSEs

Name	YSTEM ID# 023031						R OF CABL	CABLE ONE, INC.
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Name	YSTEM ID# 023031							CABLE ONE, INC.
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LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:	•			SY	STEM ID# 023031	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP		
ONE HUNDRE	D FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED	SECONE	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	D THIRD	SUBSCRIBER GROU	JP	iii —	FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023031 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023031 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. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH 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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023031 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. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH 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 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH 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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