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

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2019/2			
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting conducting the interval of the conduction of the	ss of the cable system on the last day of the counting perion	em the accounting period should s y the Licensing Division.	
				02333020192
				023330 2019/2
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626			
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT			
	MAILING ADDRESS OF CABLE SYSTEM: 3201 TOWER DRIVE (Number, street, rural route, apartment, or suite number) PRESCOTT, AZ 86306 (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	PRESCOTT	AZ		
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 suffciency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b.										
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
CABLE ONE, INC.			023330							
OABLE ONE, INO.			02000							
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 first 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	o for all), then eithe	er 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.										
			0110 0001	_						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
PRESCOTT	AZ			First						
CHINO VALLEY	AZ			Community						
DEWEY	AZ			1						
HUMBOLDT	AZ									
MAYER	AZ									
PAULDEN	AZ			See instructions for						
PRESCOTT VALLEY	AZ			See instructions for additional information						
YAVAPAI COUNTY	AZ		***************************************	on alphabetization.						
	AZ AZ									
YAVAPAI PRESCOTT INDIAN TRIBE	AZ									
				Add rows as necessary.						
				rad rows as necessary.						
		L		1						

	•

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

023330

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:	COBCONIBLING			SATESSIAL OF SERVICE	COBCOTTIBLITO		UTL
 Service to first set 	10,566	\$	40.00	BULK RES.	4,042	\$	12.00
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	20	\$	9.00				
Commercial	325	\$	40.00				
Converter							
Residential	10,566	\$	2.75				
Non-residential	345	\$	1.00				
1							

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 1							BLOCK 2		
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential						
• Pay cable	\$	18.00	Motel, hotel	\$	90.00		EXPANDED BASIC	\$	44.00
 Pay cable—add'l channel 			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) 	\$	18.00	Other services:						
• FM radio (if separate rate)			Reconnect	\$	30.00				
Converter			Disconnect						
			Outlet relocation	\$	30.00				
			Move to new address	\$	90.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 023330 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) **KAET** 8 Ε Yes TEMPE, AZ 0 **KASW** 49 ı No PHOENIX, AZ See instructions for additional information **KAZT** 7 ı No PHOENIX, AZ on alphabetization. **KNXV** Ν No 15 PHOENIX, AZ **KPAZ** 20 ı No PHOENIX, AZ KPHO-DT1 17 Ν No PHOENIX, AZ KPHO-DT2 N-M 17 No PHOENIX, AZ Ν **KPNX** 12 No MESA, AZ **KPPX** 51 ı No PHOENIX, AZ **KTAZ** 39 ı No PHOENIX, AZ KTVK 24 ı No PHOENIX, AZ 26 **KUTP** No PHOENIX, AZ ı KAZT-2 7 I-M No PHOENIX, AZ **KSAZ** 10 I No PHOENIX, AZ KTVK-2 24 I-M No PHOENIX. AZ KTVK-3 24 I-M No PHOENIX, AZ KPNX-3 N-M MESA, AZ 12 No **KPNX-4** 12 N-M MESA, AZ No

FORM SA3E. PAGE 3.					Account	VG 1 EMIOD: 2013/2		
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Nama		
CABLE ONE, IN	IC.				023330	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the cons in effect or i.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 4), or 76.63 (i d in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne 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: Television		
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Note: If you are utilizin	ig multiple char	• •	•		·			
				(AA) CONT'D				
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			
KAZT-4	7	I-M	No		PHOENIX, AZ			
KPNX-2	12	N-M	No		MESA, AZ			
KASW-3	49	I-M	No		PHOENIX, AZ			
KTAZ-3	39	I-M	No		PHOENIX, AZ			

CABLE ONE, INC. 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	G imary smitters:						
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Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.							
1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE (If Distant) CHANNEL NUMBER CHANNEL OF (Yes or No) CARRIAGE (If Distant)							

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				023330		
PRIMARY TRANSMITT	ERS: TELEVISION	N					
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).61(e)(2) and (4).61(e)(2) and (4).61(e)(2) and (4)							
Note. II you are utilizii	ig multiple chai			·	спаппетше-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		

CABLE ONE, INC. 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), 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. 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 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 altiticast), "E" (for network), "N-M" (for network multicast), "F (for independent), "I-M" (for independent multicast), "E" (for oncommercial educational multicast). For the meaning of these terms, see page (v) of	rs:
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CHANNEL LINE-UP AD	
1. CALL SIGN CHANNEL OF (Yes or No) CARRIAGE (If Distant) CHANNEL OF (Yes or No) CARRIAGE (If Distant)	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				023330		
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E"							
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		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		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		YSTEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				023330		
PRIMARY TRANSMITT	ERS: TELEVISION	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 sociated 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) and column in the paper SA3 form. Column 4: If the station is outside the local service area (i.e. "distant"), e							
Note. II you are utilizii	ig multiple chai		•		спаппетше-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 OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 023330	Name							
PRIMARY TRANSMITTERS: TELEVISION								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.								
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for retwork), "N-M" (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 yo	Television							
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AG								
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE NUMBER STATION (Yes or No) CARRIAGE (If Distant)								

FORM SA3E. PAGE					OVOTEM ID#			
	OWNER OF CABLE S	YSTEM:			SYSTEM ID# 023330	Name		
CABLE ONE					023330			
PRIMARY TRANSM								
n General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections (6.59(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 carr List the station he basis. For furthe in the paper SA Column 1: List each multicast stre cast stream as "W WETA-simulcast). Column 2: Giv its community of lic on which your cab Column 3: Indi educational statior (for independent m For the meaning o Column 4: If th planation of local s Column 5: If yo cable system carric carried the distant For the retranso of a written agreen the cable system a tion "E" (exempt). I explanation of thes Column 6: Give	ried only on a subsere, and also in sparer information cond 3 form. each station's call sam associated with ETA-2". Simulcast the the channel numbers of the system carried the cate in each case of the cate in each case of the station is outside the station is outside the channel of the distant station on a part-time station of a distant the cate in the cate of th	titute basis. ace I, if the state arring substite sign. Do not read that a station acceptable streams must be the FCC has a station. Whether the station.	ation was carried tute basis station report origination recording to its own be reported in the same as assigned to same as assigned to same as assigned to same at in Wash sation is a network), "N-M" (I educational), or general instruct area, (i.e. "or general instruct 4, you must cor accounting period accounting period as a sam that is not same 30, 2009, be association repreyou carried the lof the general in U.S. stations,	d both on a substitute, see page (v) on a program service er-the-air designar column 1 (list each the television statifington, D.C. This but station, an indefor network multicuter "E-M" (for noncotions located in the inplete column 5, so d. Indicate by entictivated channel of cubies of a cable systematical service of the primary channel on any of instructions located in the primary channel on any of instructions located in the community instructions located in the community instructions located in the community instructions located instructions located instructions located instructions located in the community in the primary community in the	ute basis and also on some other f the general instructions located is such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example on for broadcasting over-the-air in may be different from the channel sependent station, or a noncommercial east), "I" (for independent), "I-M" symmercial educational multicast). The paper SA3 form. In the passes of the passes on which your sering "LAC" if your cable system			
Note: If you are ut	ilizing multiple cha	• •	•		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			
		•		1				

FURIN SAJE. PAGE 3.					OVOTEM ID#			
CABLE ONE, IN		/STEM:			SYSTEM ID# 023330	Name		
PRIMARY TRANSMITTE	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 in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	CC rules, regular here in space only on a substand also in spate formation concurr. The station's call associated with associated with a channel numbers. For example yetem carried the in each case we entering the least), "E" (for not expense terms, see particular and a particular in on a part-tinicion of a distant taticular entered into on a primary trans simulcasts, also ree categories e location of ea Canadian statio	ations, or auth G—but do list titute basis. ace I, if the staterning substit sign. Do not read a streams must be the FCC has, WRC is Chane station. Whether the station. Whether the station accommercial page (v) of the the local servage (v) of the ese" in column on during the same basis becard multicast stream or before Jumitter or an accommercial page (v) of the station. For the station and the station. For the station are station.	orizations: It it in space I (the ation was carried tute basis station report origination or be reported in cording to its over the annel 4 in Wash reation is a network etwork), "N-M" (if I educational), one general instruction of the general instruction of the seam that is not some sociation repression of the general in truction of the gener	e Special Statemer by the television statistical special speci	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 repacity. payment because it is the subject tem 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		
you are annum	.9		EL LINE-UP		onamio mio api			
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, IN		TOTEWI.			023330	Name		
PRIMARY TRANSMITTE	RS: 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								
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Note: If you are utilizing	ng multiple chai	•	EL LINE-UP		crianner inne-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		/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				023330	
PRIMARY TRANSMITT	ERS: TELEVISION	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 Program Program 1: List the station here, basis. For further ir in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you cable system 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	G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2)	y television standard y television y te	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried that the station was carried that the station was carried to the period of the station was carried to the report origination cording to its own be reported in the station is a network as assigned to the station is a network work, "N-M" (I educational), one general instruction of the station is a network of the station is a network work with the station is a network work with the station is a network work with the station is a network with the station is a network with the station with the station with the station is a network with the station with the stat	(1) stations carried to carriage of certail (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on a program services the television statification, D.C. This light of the television statification, D.C. This lark station, an indefor network multicute. Te-M" (for noncontions located in the special point of the television statification. The station of the station, and independent of the station of	paper SA3 form. stating the basis on which your stating the basis on which your sering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing transmitter, enter the designaher 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.	G Primary Transmitters: Television
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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.					0)/07514 ID#		
CABLE ONE, II		/STEM:			SYSTEM ID# 023330	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							
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		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		

FORM SA3E. PAGE 3.						T		
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	NC.				023330	rano		
PRIMARY TRANSMITTERS: TELEVISION								
PRIMARY TRANSMITTI In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	ers: TELEVISIO G, identify even system during the control of the c	y television standard and a community of the accounting of a large of the accounting of the accounting of the accounting of the account of th	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried the station was carried coording to its own be reported in origination to the station is a network at a sassigned to sannel 4 in Wash station is a network, "N-M" (I educational), or a general instruct 4, you must corraccounting period ause of lack of a sam that is not some 30, 2009, be sociation repreyou carried the 1 of the general in truct.	(1) stations carried to carriage of certa- 1(e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) of the program service the er-the-air designation of the television statistical of the television	s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television		
Note: If you are utilizing	ig multiple char	• •	•		channel line-up.			
		CHANN	EL LINE-UP	AM				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FURM SAJE. PAGE 3.					0./0.7.514 ID.//		
CABLE ONE, IN		/STEM:			SYSTEM ID# 023330	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							
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		CHANN	EL LINE-UP	AN			
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.					2./2==== //			
CABLE ONE, II		/STEM:			SYSTEM ID# 023330	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								
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Note: If you are utilizing	ng multiple char		·		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			

FURINI SAJE. PAGE 3.								
CABLE ONE, IN		/STEM:			SYSTEM ID# 023330	Name		
PRIMARY TRANSMITTE	RS: 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 in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	C rules, regular here in space only on a substand also in space formation concern. In station's call associated with associated with 2-2". Simulcast associated with e. For example stem carried the in each case we entering the least), "E" (for no se terms, see pation is outside co area, see pation of a distant station of a distant entered "tyle in the control of a primary transismulcasts, also ree categories a location of each andian statio	ations, or auth G—but do list titute basis. Ince I, if the state erning substit sign. Do not real a station accepted as treams must be the FCC has, WRC is Change (v) of the station accepted (v) of the local servage (v) of the ese in column on during the camulticast stream or before Jumitter or an accepted (v) ch station. Fo ns, if any, given as the station.	orizations: tit in space I (the tition was carried tute basis station eport origination cording to its ow be reported in of as assigned to find annel 4 in Wash ation is a netwo etwork), "N-M" (if I educational), of general instruct index area, (i.e. "or general instruct index area, (i.e. "or general instruct index area, or accounting period ause of lack of a seam that is not s are 30, 2009, be association repre you carried the of the general i r U.S. stations, e the name of the	e Special Statemed both on a substitute, see page (v) or a program service er-the-air designal column 1 (list each the television statifington, D.C. This limit of the television statification in the television state of the	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- 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). 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 erapacity. 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		
Note: If you are utilizin	g multiple char		EL LINE-UP	·	cnannei iine-up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FURINI SAJE. PAGE 3.					21/2			
CABLE ONE, IN		/STEM:			SYSTEM ID# 023330	Name		
PRIMARY TRANSMITTI	RS: 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								
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Note: If you are utilizing	ng multiple char		<u> </u>		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			

FURINI SAJE. PAGE 3.					0)/07514 ID#		
CABLE ONE, II		/STEM:			SYSTEM ID# 023330	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 ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 4: If the st planation of local servic Column 5: If you heable system carried the 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	CC rules, regular here in space only on a subs and also in spatformation concurrs. The station's call associated with a second associated with a cash of the second as a cash	ations, or auth G—but do list titute basis. ace I, if the state rining substit sign. Do not read a station acceptation of the station acceptation of the station. Whether the station whether the station acceptage (v) of the local servage (v) of th	orizations: t it in space I (the ation was carried cute basis station report origination cording to its over the reported in the cation is a networ etwork), "N-M" (I educational), or e general instruct in the space of lack of a cation is a networ etwork), "and in the cation is a networ etwork), "n-M" (I educational), or e general instruct in the general instruct in the general instruct contact of lack of a cation is a networ expectation in the contact of lack of a cation in the general in expectation in the contact of the con	d both on a substitus, see page (v) or program services er-the-air designal column 1 (list each the television statistington, D.C. This light of the television statistington, D.C. This lork station, an indefor network multicus "E-M" (for noncoctions located in the inplete column 5, so d. Indicate by entictivated channel or subject to a royalty stween a cable system a cable system on any otinstructions locate list the community with	ent and Program Log)—if the ute basis and also on some other f the general instructions located is such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The paper SA3 form. The pa	Television	
		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		

FURIN SAJE. PAGE 3.					CVOTEM ID#			
CABLE ONE, IN		/STEM:			SYSTEM ID# 023330	Name		
PRIMARY TRANSMITTERS: TELEVISION								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.								
Substitute Program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 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 or before J								
		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			

FORM SA3E. PAGE					OVOTEM ID#		
	OWNER OF CABLE S'	YSTEM:			SYSTEM ID# 023330	Name	
CABLE ONE					023330		
PRIMARY TRANSMI							
carried by your cab FCC rules and regr 76.59(d)(2) and (4) substitute program Substitute Bas basis under specifo • Do not list the sta station was carr	le system during t ulations in effect on , 76.61(e)(2) and (basis, as explaine is Stations: With FCC rules, regula- tion here in space ied only on a subs	he accounting I June 24, 1944), or 76.63 (red in the next prespect to any ations, or auth G—but do list titute basis.	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (th	(1) stations carried carriage of certal (e)(2) and (4))]; as carried by your case Special Statement	and low power television stations) and 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	G Primary Transmitters: Television	
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 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 retransmiss							
Column 6: Give	the location of ea or Canadian statio	ch station. Fo ons, if any, givennel line-ups,	r U.S. stations, e the name of th	list the community ne community with space G for each	which the station is licensed by the which the station is identifed.		
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	CABLE ONE, INC. 023330 PRIMARY TRANSMITTERS: TELEVISION							
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), 76,616(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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under station was carried only on a substitute basis. 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 nencommercial educational), or "E-M" (for noncommercial educational multicast). Fo								
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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			
	ļ							

FURINI SAJE. PAGE 3.					0)/07514 ID#		
CABLE ONE, IN		/STEM:			SYSTEM ID# 023330	Name	
PRIMARY TRANSMITTE	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							
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 multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For 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 on a part-time basis becau							
		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		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 023330 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

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	CABLE ONE, INC. 023330 RIMARY TRANSMITTERS: TELEVISION							
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 "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 ilcnense. 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 multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). "F" (for noncommerc								
Note: If you are utilizin	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AW				
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 5.							ACCOUNTING	PERIOD: 2019/2
LEGAL NAME OF OWNER OF CABLE ONE, INC.	CABLE SYST	ſEM:					SYSTEM ID# 023330	Name
SUBSTITUTE CARRIAGE					Al A			I
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pening that must	eriod, under spe st be included ir	ecific present and former FC n this log, see page (v) of the	C rules, regula	ations, or a	uthorizations	s. For a further	Substitute
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? YesXNo								Carriage: Special Statement and
Note: If your answer is "No log in block 2.		rest of this paç	ge blank. If your answer is '	'Yes," you mι	ust comple			Program Log
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.								
S	SUBSTITUT	TE PROGRAM	<u> </u>		EN SUBST		7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	l	TIMES	FOR DELETION	
					L			
								
								
						_		
						_		
								

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

023330

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."

		DAT	TES AND HOUR	S OF PAI	RT-TIME CAR	RRIAGE		
CALL SIGN	WHEN	I CARRIAGE O			CALL SIGN	WHEN	CARRIAGE O	
CALL SIGN			OURS		CALL SIGN			OURS
	DATE	FROM	ТО			DATE	FROM	ТО
			_					
			_					_
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LEGA	SA3E. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC.		SYSTEM ID# 023330	Name						
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 identifed 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)										
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.										
 If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 										
2 in block 4 below. Block MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the 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.										
Block 2	This is your minimum fee. 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. No—Leave block 3 below blank and of the state o	mn 4, you mi riod?	ust 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	\$	9,491.32							
	schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here	\$	9,491.32							
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)	\$	0.00 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing						
	Add Lines 1, 2 and 3 of block 4 and enter total here	\$ (See page (i)	38,690.30 of the	submitting the additional fees.						

Name	CABLE ONE, INC.	CABLE S	/STEM:	;	023330
M Channels	to its subscribers and 1. Enter the total num system carried telev 2. Enter the total num	(2) the ber of clision bro	1) the number of channels on which the cable system carried television broadcass cable system's total number of activated channels, during the accounting period. nannels on which the cable cadcast stations	et stations 22 292	
N	INDIVIDUAL TO BE	CONTA	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	202	
Individual to Be Contacted for Further Information	Name Emerso Address 210 E. E	n Yea	wood Telephone	602-364-6195	
	PHOENI (City, town, st	X, AZ ate, zip)	ute, apartment, or suite number) 85012-2626 on.yearwood@cableone.biz Fax (optional) 602-364-	6013	
O Certification	·		ent of account must be certifed and signed in accordance with Copyright Office registry that (Check one, but only one, of the boxes.)	gulations.	
	(Agent of owner of	her than	tion or partnership) I am the owner of the cable system as identifed in line 1 of space		
	(Officer or partner in line 1 of space	r) I am ai e B.	that the owner is not a corporation or partnership; or officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as c	·	em
		correct	to the best of my knowledge, information, and belief, and are made in good faith.	ied Helein	
			/s/ Raymond Storck electronic signature on the line above using an "/s/" signature to certify this statement.	r in the box and procest	ho.
		"F2" butt	John Smith). Before entering the first forward slash of the /s/ signature, place your curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotur 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 II	Namo
CABLE ONE, INC. 02333	50
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	Zacidololi
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. 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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance 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

40,0000							
First Subscriber Group		Second Subscriber Group		Third Subscriber Group			
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)			
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00		
DSEs	2.472	DSEs	1.083	DSEs	1.389		
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03		
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80		
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23		
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03		

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE. PAG						/OTEL 15 "
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S'	YSTEM ID#
•	CABLE ONE, INC.					023330
	SUM OF DSEs OF CATEGOR		NS:			
	 Add the DSEs of each station 					
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.25	,
	Instructions:					
2	In the column headed "Call S	Sign": list the ca	all signs of all distant stations	identified by	the letter "O" in column 5	
0	of space G (page 3). In the column headed "DSE"	i for oach indon	andent station, give the DCI	= 00 "1 O": for	acch natwork or nancom	
Computation of DSEs for	mercial educational station, give	re the DSF as "	25 "	= as 1.0 , lor	each network of noncom-	
Category "O"	merelai educational etation, gr		CATEGORY "O" STATION	IS: DSFs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KAET	0.250			0.122	
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						

Name	CABLE ONE, INC.	CABLE SYSTEM:					S	YSTEM ID# 023330
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should correspond Column 3: For ea Column 4: Divide be carried out at least Column 5: For ea give the type-value as Column 6: Multipl	Il sign of all dista ch station, give the ind with the information station, give the the figure in colute to the third decir ch independent so ".25." y the figure in co	he number of he mation given in the total number in the total number in the figure in	hours your cable systen space J. Calculate o er of hours that the sta gure in column 3, and is the "basis of carriage e "type-value" as "1.0. figure in column 5, an	em carried the stanly one DSE for tion broadcast or give the result in ge value" for the "For each netword give the result	ation during the accountin each station. ver the air during the acco n decimals in column 4. Th	ounting period. his figure must hicational station,	
Capacity		С	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAC VALUE	F 5. TYPE		E
			÷		=	x	=	
			÷ ÷		=	x x		
			÷		=	X	=	
			÷ ÷		=	x x		
			÷		=	X	=	
			÷		=	x	=	
	SUM OF DSEs OF CA Add the DSEs of each Enter the sum here	station.		hedule,		0.00]	
Computation of DSEs for Substitute-Basis Stations	Was carried by your tions in effect on Or Broadcast one or m space I). Column 2: For each at your option. This figure Column 3: Enter the Column 4: Divide the column 4:	system in substituted to the system in substituted as the system in station give the reshould correst another of days the figure in column to station's DSE	itution for a pro as shown by the ork programs de number of live spond with the s in the calenda in 2 by the figu (For more info	ogram that your syster he letter "P" in column uring that optional care e, nonnetwork progran information in space l ar year: 365, except in ure in column 3, and gi rmation on rounding, s	n was permitted 7 of space I); and riage (as shown by the scarried in substance) a a leap year. tive the result in coordinate the page (viii) of	y the word "Yes" in column stitution for programs that column 4. Round to no les the general instructions in	2 of were deleted s than the third	m).
				BASIS STATION				
	SIGN OF	MBER DGRAMS	3. NUMBE OF DAY IN YEAF	/S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		-		=
		÷		=			•	=
		÷		=		-		=
		÷ ÷		=				=
	SUM OF DSEs OF SU Add the DSEs of each Enter the sum here	BSTITUTE-BASI station.	IS STATIONS:	: hedule,	▶	0.00]	
5 Total Number of DSEs	number of DSEs applica 1. Number of DSEs fi 2. Number of DSEs fi	ble to your systen rom part 2 ● rom part 3 ●		boxes in parts 2, 3, and	d 4 of this schedu	le and add them to provide	0.25 0.00	
	Number of DSEs fi	om part 4 ●				-	0.00	
	TOTAL NUMBER OF D	SEs				•		0.25

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

LEGAL NAME OF C		SYSTEM:					s'	YSTEM ID#	N
CABLE ONE, I	INC.							023330	Name
Instructions: Bloc	ck A must be com	pleted.							_
If your answer if schedule.	"Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo				4 DI (ETO				Computation of
Is the cable system	m located whelly a			ELEVISION M		action 76 F of	ECC rules and re-	aulations in	3.75 Fee
effect on June 24,	•		•					guiations in	
X No—Comp	olete blocks B and	C below.							
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Jui dule. (Note: Th	part 2, 3, and 4 o ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfathered instructions for E Carried pursu. *F A station pre	ules and regued pursuant to as defined all educations of a station (76.6 or DSE sched ant to individuationally carries). He station well as to station will be station well as to station well as the station well as to station well as to station well as to station well as the station well as the station well as the station well as to station well as the station well as	lations cited be of the FCC many of the FCC many of the first state of	6.59(d)(1), 76.61(9(c), 76.61(d), 76. raph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d)(ose in effect or 76.57, 76.59(b (e)(1), 76.63(a 63(a) referring abstitution of g	n June 24, 198), 76.61(b)(c), 1) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:	*(Note: For those this schedule to	e stations ide determine the	ntified by the lessense DSE.)	parts 2, 3, and 4 etter "F" in column	n 2, you must	complete the v	. °	Т	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KAET	С	0.25							
					•				
		<u> </u>			<u> </u>	ı			
				MOUTATION OF	F 0 75 FFF			0.25	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule				0.25	
Line 2: Enter the	sum of permitte	ed DSEs fror	n block B abo	ove				0.25	
Line 3: Subtract (If zero, I	line 2 from line 1 eave lines 4–7 b			,		rate.	1	0.00	
Line 4: Enter gro	oss receipts from	ı space K (pa	age 7)					75	Do any of the DSEs represent
Line 5: Multiply I	ine 4 by 0 0375	and enter su	ım here				x 0.03	5/10	partially permited/ partially
	- 1 2y 5.557 O	2					х		nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3					-	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)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023330 **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

Name	CABLE ONE, IN		E SYSTEM:							023330
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the F0 A—Part-time spp 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Compare in block	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of cCC rules and ecialty program (d)(1),76.61(e) rogramming: (e)(3)). Carriage under all instructions the station's Ee the DSE figures. B, column 3 coinformation you are signed.	1981, under former ach distant station nis station for a sir g period and year arriage on which t regulations cited be mining: Carriage, ()(1), or 76.63 (refectoriage under FC certain FCC rules, in the paper SA3 DSE for the current ures listed in column of part 6 for this state ungive in columns	er FCC rules govidentifed by the gle accounting prince which the carne station was continued to a part-time bearing to 76.61(e) C rules, sections regulations, or a form. t accounting per and 5 and ation. 2, 3, and 4 mus	verrient lette per riag arribos asis (1) s 7 aut	entified by the letter "F" ning part-time and sub ter "F" in column 2 of pictod, occurring between ge and DSE occurred ied by listing one of the se in effect on June 24 s, of specialty program). 6.59(d)(3), 76.61(e)(3) thorizations. For further as computed in parts the smaller of the two e accurate and is subj	stitute carri part 6 of the n January 1 (e.g., 1981/ e following 4, 1981. nming unde d, or 76.63 (r explanation 2, 3, and 4 o figures her	age. DSE schedule, 1978 and Jun 1) letters r FCC rules, se referring to on, see page (v of this schedule re. This figure	ections vi) of the should be	981 ne enterei
		PERMITT	ED DSE FOR STA	ATIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED
	SIGN	DSE	F	ERIOD		CARRIAGE	[DSE		DSE
7 Computation	Instructions: Block A In block A: If your answer is		npleted. ete blocks B and C	, below.						
of the	If your answer is	"No," leave bl	locks B and C blar	k and complete	ра	rt 8 of the DSE sched	ule.			
Syndicated			BLOC	K A: MAJOR	TE	ELEVISION MARK	ET			
Exclusivity										
Surcharge	Is any portion of the contractions	cable system w	vithin a top 100 maj	or television mar	ket	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?
	Yes—Complete	blocks B and	IC.		— r	No—Proceed to	part 8			
	BLOCK B: Ca	arriage of VHI	-/Grade B Contou	Stations		BLOCK	C: Compu	tation of Exem	pt DSE	3
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places				Was any station listed nity served by the cab to former FCC rule 76	le system p			
	Yes—List each st	tation below wi	th its appropriate pe	mitted DSE		Yes—List each st	ation below	with its appropri	ate permi	tted DSE
	X No—Enter zero a	ind proceed to	part 8.			X No—Enter zero a	nd proceed t	o part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE
			-							
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 023330	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,568,166.95	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? 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	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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		

Name			STEM ID#
	(CABLE ONE, INC.	023330
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$	
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ <u>\$</u>	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ _\$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u> .
8 Computation of Base Rate Fee	You me 6 was 6 In blo If you If you blank What i	ctions: Just 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. Jock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Juranswer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Juranswer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to the station of	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$ 3,568,166.95	
	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 ▶ <u>\$</u> -	
		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. • .\$. 9,	491.32

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

	AME OF OWNER OF CABLE SYSTEM: SY LE ONE, INC.	STEM ID# 023330	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4			8
	A. Enter 0.01064 of gross receipts (the amount in section 1) **S		• •
			0
	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	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast sill be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line G.	J	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to s from subscribers located within the station's local service area, from your system's total gross receipts. To take advar		Computation
	on, you must:	itage of this	of Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the	same	and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for eac		Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	n group.	Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
	dentify 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 station to that community.	you	Stations
Step 2 outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were locate the station's local service area. A subscriber located outside the local service area of a station is distant to that station		
	ne token, the station is distant to the subscriber.) : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Eac	h	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a will have only one subscriber group when the distant stations it carried have local service areas that coincide.	cable	
groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system' section:	s subscriber	
	fy the communities/areas represented by each subscriber group.		
subscri	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of t bers in the group.	ne	
• If: 1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in pa	rts 2, 3.	
and 4 o	of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block		
part	6 of this schedule.	-,	
	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	elate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instrue e paper SA3 form.	actions	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the prec In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to	, the total	

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 023330 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.

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	023330	Na
E				TE FEES FOR EAC				
	FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Compu
0,122 0.0.1	202	0,122 0.0.1	202	07.22 07011	202	07.22 07077	302	Base Ra
								and
		-						Syndic
								Exclus
								Surch fo
								Parti
								Dista
								Statio
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
					-			
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		_						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	
				Ш				
		te fees for each subs space L (page 7)	criber group	as shown in the boxes	above.	\$	0.00	

CABLE ONE, INC.	BLE SYSTEM:					023330
			TE FEES FOR EAC			
COMMUNITY/ AREA	1 SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GROU	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
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00
OMMUNITY/ AREA	H SUBSCRIBER GRO	OUP .	H	EIGHTH	SUBSCRIBER GRO	UP
		0	COMMUNITY/ AREA	Δ.		0
JUMONIT I/ AREA		0	COMMUNITY/ AREA			0
	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
CALL SIGN DSE	CALL SIGN				CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		DSE	CALL SIGN Total DSEs	DSE		DSE

CABLE ONE, INC.	BLE SYSTEM:				S	YSTEM ID# 023330
	: COMPUTATION O		TE FEES FOR EAC			
NINT COMMUNITY/ AREA	H SUBSCRIBER GRO	<u>UP</u> 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	JP 0
OOMWONT IT AREA			COMMONT I' AIRE			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		<u></u>				
		<u></u>				
otal DSEs	· II	0.00	Total DSEs			0.00
	¢	0.00		and Group	¢.	0.00
cross Receipts First Group	\$	0.00	Gross Receipts Seco	oria Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
ELEVENT	H SUBSCRIBER GRO				SUBSCRIBER GRO	JP
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		0.00	Total DSEs			0.00
Total DSEs		0.00	Star Bolls	rth Croup	•	_
Total DSEs	•	0.00	Grose Pagainta Eau			
Total DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Four	ili Group	\$	0.00

						023330
			TE FEES FOR EAC			
	SUBSCRIBER GRO				SUBSCRIBER GRO	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
FIFTEENTH	SUBSCRIBER GRO	DUP		SIXTEENTH	SUBSCRIBER GRO	UP
DMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	-					
	·					
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00

CABLE ONE, INC.	BLE SYSTEM:				S	YSTEM ID# 023330
			TE FEES FOR EAC			
SEVENTEENTH COMMUNITY/ AREA	I SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		I SUBSCRIBER GRO	JP 0
COMMUNITY AREA						U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	.					
		0.00				0.00
otal DSEs		0.00	Total DSEs			0.00
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
NINTEENTH	I SUBSCRIBER GRO	UP	-	TWENTIETH	SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL CICN DOE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE						
ALL SIGN DSE						
DALL SIGN DSE						
JALL SIGN DSE						
DALL SIGN DSE						
CALL SIGN DSE						
CALL SIGN DSE						
CALL SIGN DSE						
CALL SIGN DSE						
CALL SIGN DSE						
CALL SIGN DSE						
CALL SIGN DSE						
		0.00	Total DSEs			0.00
Fotal DSEs	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$			·	\$	_

						YSTEM ID# 023330	
			TE FEES FOR EAC				
TWENTY-FIRST	SUBSCRIBER GRO	0 0	TWENTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				
						U	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		0.00	Total DSEs			0.00	
oss Receipts First Group \$ 0.00		Gross Receipts Sec	ond Group	\$	0.00		
sase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENTY-THIRD	SUBSCRIBER GRO	UP	TWEN	TY-FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	H			*****			
	-						
	H						
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	i	0.00	Base Rate Fee Fou		\$	0.00	

CABLE ONE, INC		E SYSTEM:				S	023330	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROU		II		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Foul	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxe	s above.	\$		

EGAL NAME OF OWNER OF CEABLE ONE, INC.						023330	
	A: COMPUTATION C		ATE FEES FOR EAC			110	
TWENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			THIRTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
			COMMONT IT 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		0.00	Gross Receipts Seco	ond Group	\$	0.00	
							
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$	0.00	
THIRTY-FIF	\$ ST SUBSCRIBER GRO	OUP	THIR	TY-SECOND	\$ SUBSCRIBER GRO	UP	
THIRTY-FIF	<u>.</u>			TY-SECOND			
THIRTY-FIR	ST SUBSCRIBER GRO	OUP	THIR	TY-SECOND		UP	
THIRTY-FIR	ST SUBSCRIBER GRO	OUP 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIRTY-FIR	ST SUBSCRIBER GRO	OUP 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	ST SUBSCRIBER GRO	OUP 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIRTY-FIR	ST SUBSCRIBER GRO	OUP 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIRTY-FIF	ST SUBSCRIBER GRO	OUP 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIRTY-FIR OMMUNITY/ AREA	ST SUBSCRIBER GRO	OUP 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIRTY-FIR	ST SUBSCRIBER GRO	OUP 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIRTY-FIR	ST SUBSCRIBER GRO	OUP 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIRTY-FIR	ST SUBSCRIBER GRO	OUP 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIRTY-FIR	ST SUBSCRIBER GRO	OUP 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIRTY-FIR	ST SUBSCRIBER GRO	OUP 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIRTY-FIR	ST SUBSCRIBER GRO	OUP 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIRTY-FIF OMMUNITY/ AREA CALL SIGN DSE	ST SUBSCRIBER GRO	DUP	THIRT COMMUNITY/ AREA CALL SIGN	DSE DSE	SUBSCRIBER GRO	DSE	
THIRTY-FIE OMMUNITY/ AREA CALL SIGN DSE otal DSEs	ST SUBSCRIBER GRO	DUP DSE O.00	THIRT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE DSE DSO	

EGAL NAME OF OWNER OF CAE	BLE SYSTEM:				S	923330 O23330		
			TE FEES FOR EAC					
	THIRTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0			THIRTY-FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA		U	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	. –							
		<u></u>						
		<u></u>						
		<u></u>						
otal DSEs	_	0.00	Total DSEs			0.00		
ross Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	ond Group	\$	0.00		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$	0.00		
	SUBSCRIBER GRO		TT .		I SUBSCRIBER GRO			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	.Ц							
			.] [·			
Fotal DSEs		0.00	Total DSEs			0.00		
Fotal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Foul	th Group	\$	0.00		
	\$			th Group	\$	-		
	\$			·	\$	-		

Total DSEs Gross Receipts First Group Base Rate Fee First Group THIRTY-NINTH SUBSCRIBER GROUP THIRTY-NINTH SUBSCRIBER GROUP TOMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA	
COMMUNITY/ AREA CALL SIGN DSE Total DSEs Gross Receipts First Group \$ 0.00 Service of the company of	CALL SIGN DSE
CALL SIGN DSE CA	CALL SIGN DSE
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SU COMMUNITY/ AREA 0 COMMUNITY/ AREA	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SU COMMUNITY/ AREA 0 COMMUNITY/ AREA	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 8 0.00 Base Rate Fee Second Group \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 8 0.00 Base Rate Fee Second Group \$ 1 THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 8 0.00 Base Rate Fee Second Group \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBCOMMUNITY/ AREA 0 COMMUNITY/ AREA	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ asse Rate Fee First Group THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ asse Rate Fee First Group THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 8 0.00 Base Rate Fee Second Group \$ 1 THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 8 0.00 Base Rate Fee Second Group \$ 1 THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	_
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SU COMMUNITY/ AREA 0 COMMUNITY/ AREA	0.00
THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SU COMMUNITY/ AREA	
THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SU OMMUNITY/ AREA COMMUNITY/ AREA	
OMMUNITY/ AREA 0 COMMUNITY/ AREA	0.00
	BSCRIBER GROUP
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	0
	CALL SIGN DSE
otal DSEsTotal DSEs	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$	0.00
	0.00
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	
Base Rate Fee Third Group \$ 0.00	

CABLE ONE, INC.	LE SYSTEM:				S	YSTEM ID# 023330		
			TE FEES FOR EAC					
	FORTY-FIRST SUBSCRIBER GROUP OMMUNITY/ AREA 0			FORTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA		U	COMMUNITY/ AREA	4		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			
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
FORTY-THIRD	SUBSCRIBER GRO	JP	FOR	TY-FOURTH	SUBSCRIBER GRO	JP		
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	-							
otal DSEs		0.00	Total DSEs			0.00		
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
sioss neceipis Tillia Gioup	_							
Bross Receipts Tillia Group						! !		

CABLE ONE, INC.	BLE SYSTEM:					YSTEM ID# 023330	
			TE FEES FOR EAC				
	FORTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			FORTY-SIXTH SUBSCRIBER GROUP			
COMMUNITY/ AREA		<u> </u>	COMMUNITY/ AREA	4		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	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FORTY-SEVENT	SUBSCRIBER GRO	UP	FOF	RTY-EIGHTH	H SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	OMMUNITY/ AREA		COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					····		
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
·				•			
					Ĩ		

CABLE ONE, INC		E SYSTEM:				S	023330	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	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
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
F	IFTY-FIRST	SUBSCRIBER GROU	JP	FIF	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	\		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC.	BLE SYSTEM:					023330	
			TE FEES FOR EAC				
FIFTY-THIRI COMMUNITY/ AREA	SUBSCRIBER GRO	OUP 0	FIFTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMONT IT AREA			COMMONT I/ AILE				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
-t-I DOF-	11	0.00	T-4-LDOF-		ļļ.	0.00	
otal DSEs 0.00		-	Total DSEs			0.00	
ross Receipts First Group	ceipts 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	
	\$ SUBSCRIBER GRO	-	I	FIFTY-SIXTH	SUBSCRIBER GRO		
FIFTY-FIFT		-		FIFTY-SIXTH			
FIFTY-FIFTI		DUP	I	FIFTY-SIXTH		UP	
FIFTY-FIFTI	I SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GRO	UP 0	
FIFTY-FIFTI	I SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GRO	UP 0	
FIFTY-FIFTI	I SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GRO	UP 0	
FIFTY-FIFTI	I SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GRO	UP 0	
FIFTY-FIFTI	I SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GRO	UP 0	
FIFTY-FIFTI	I SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GRO	UP 0	
FIFTY-FIFTI	I SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GRO	UP 0	
FIFTY-FIFTI	I SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GRO	UP 0	
FIFTY-FIFTI	I SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GRO	UP 0	
FIFTY-FIFTI	I SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GRO	UP 0	
FIFTY-FIFTI	I SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN DSE	I SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	I SUBSCRIBER GRO	DSE	CALL SIGN	DSE	I SUBSCRIBER GRO	UP 0 DSE	
FIFTY-FIFTI COMMUNITY/ AREA CALL SIGN DSE Total DSEs	CALL SIGN	DUP DSE DOUBLE	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	

BLOCK A: COMPUTATION OF BASE R. FIFTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DS	COMMU	FIFT INITY/ AREA SIGN	TY-EIGHTH	CALL SIGN	DSE
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSES 0.000	Total DS	SIGN			0
CALL SIGN DSE CALL SIGN DSE	Total DS	SIGN		CALL SIGN	
Fotal DSEs 0.00	Total DS	SIGN		CALL SIGN	DSE
		·Es			
		iEs			
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		iEs			
		Es			
		Es		Щ	
		ĭES			0.00
Gross Receipts First Group \$ 0.00	Gross R				0.00
		eceipts Secon	nd Group	\$	0.00
ase Rate Fee First Group \$ 0.00	Base Ra	ate Fee Secon	nd Group	\$	0.00
FIFTY-NINTH SUBSCRIBER GROUP			SIXTIETH	SUBSCRIBER GRO)UP
OMMUNITY/ AREA 0	СОММИ	JNITY/ AREA			0
CALL SIGN DSE CALL SIGN DSE	CALL	SIGN	DSE	CALL SIGN	DSE
<u> </u>					

				<u> </u>	
			<u></u>		
otal DSEs	Total DS	Es			0.00
Gross Receipts Third Group \$ 0.00	Gross R	eceipts Fourth	n Group	\$	0.00
Base Rate Fee Third Group \$ 0.00	Base Ra	ate Fee Fourth	n Group	\$	0.00

BLOCK A: COMPUTATION OF BAS SIXTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN I	SE RA			RIBER GROUP SUBSCRIBER GROU	ID	
COMMUNITY/ AREA	0	SIXT	Y-SECOND	SUBSCRIBER CROL	ID	
	0		0			
CALL SIGN DSE CALL SIGN I		COMMUNITY/ AREA	9 Computation			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						Base Rate F and
						Syndicated
						Exclusivity
						Surcharge
						for
						Partially
						Distant Stations
						Stations
otal DSEs	.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0	.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group \$ 0	.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIXTY-THIRD SUBSCRIBER GROUP		SIXT	Y-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	0	COMMUNITY/ AREA			0	
CALL SIGN DSE CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
······································						
······						
Total DSEs 0	.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0	.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Group \$ 0	.00	Base Rate Fee Fourt	h Group	\$	0.00	

						023330
			TE FEES FOR EAC			
	I SUBSCRIBER GRO		SIXTY-SIXTH SUBSCRIBER GROUP			
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	. –					
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$ 0.00		Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
SIXTY-SEVENTI-	SUBSCRIBER GRO	UP	SI	XTY-EIGHTH	H SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	. –					
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00

						023330	
			TE FEES FOR EAC				
	I SUBSCRIBER GRO		i i		1 SUBSCRIBER GRO		
COMMUNITY/ AREA	0		COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		0.00				2.00	
otal DSEs		0.00	Total DSEs		-	0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTY-FIRST	SUBSCRIBER GRO)UP	SEVEN	TY-SECONE	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	. –						
otal DSEs		0.00	Total DSEs			0.00	
Fross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNER OF CA CABLE ONE, INC.						023330		
			TE FEES FOR EAC					
SEVENTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	SEVENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0					
CALL SIGN	T CALL SIGN	T DOE						
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	nd Group	\$	0.00		
	\$	0.00	Base Rate Fee Seco		\$	0.00		
SEVENTY-FIFT	\$ H SUBSCRIBER GRO	DUP	SEVE	ENTY-SIXTH	\$ SUBSCRIBER GROU	UP		
SEVENTY-FIFT	<u> </u>			ENTY-SIXTH	<u> </u>			
SEVENTY-FIFT	<u> </u>	DUP	SEVE	ENTY-SIXTH	<u> </u>	UP		
SEVENTY-FIFT	H SUBSCRIBER GRO	0 0	SEVE COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GRO	UP 0		
SEVENTY-FIFT	H SUBSCRIBER GRO	0 0	SEVE COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GRO	UP 0		
SEVENTY-FIFT	H SUBSCRIBER GRO	0 0	SEVE COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GRO	UP 0		
SEVENTY-FIFT	H SUBSCRIBER GRO	0 0	SEVE COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GRO	UP 0		
SEVENTY-FIFT	H SUBSCRIBER GRO	0 0	SEVE COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GRO	UP 0		
SEVENTY-FIFT	H SUBSCRIBER GRO	0 0	SEVE COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GRO	UP 0		
SEVENTY-FIFT	H SUBSCRIBER GRO	0 0	SEVE COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GRO	UP 0		
SEVENTY-FIFT	H SUBSCRIBER GRO	0 0	SEVE COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GRO	UP 0		
SEVENTY-FIFT	H SUBSCRIBER GRO	0 0	SEVE COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GRO	UP 0		
SEVENTY-FIFT	H SUBSCRIBER GRO	0 0	SEVE COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GRO	UP 0		
SEVENTY-FIFT	H SUBSCRIBER GRO	0 0	SEVE COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GRO	UP 0		
SEVENTY-FIFT OMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	DUP DSE	CALL SIGN	ENTY-SIXTH	SUBSCRIBER GRO	DSE		
SEVENTY-FIFT OMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	DUP DSE DOUB DO	SEVE COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GRO	DSE		
SEVENTY-FIFT COMMUNITY/ AREA CALL SIGN DSE Total DSEs	H SUBSCRIBER GRO	DUP DSE	CALL SIGN	DSE	SUBSCRIBER GRO	DSE		
COMMUNITY/ AREA	H SUBSCRIBER GRO	DUP DSE DOUB DO	SEVE COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE		

BLOCK V:						023330	
			TE FEES FOR EAC				
SEVENTY-SEVENTH	SUBSCRIBER GRO		1		SUBSCRIBER GRO		
COMMUNITY/ AREA	0		COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
Pross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTY NINTL	SUBSCRIBER GRO	NID.		EIGHTIETH	H SUBSCRIBER GRO	LID	
COMMUNITY/ AREA	OODOONIDEN ON	0	COMMUNITY/ ARE		T GOBOOTTIBETT GITO	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 Fou	rth Group	\$	0.00	
	_						
	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:					023330	
				TE FEES FOR EAC				
	Y-FIRST	SUBSCRIBER GRO		tt -		SUBSCRIBER GRO		
COMMUNITY/ AREA		0		COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs	Ļ		0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First Gro	nun	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
1000 redespte i not ore	очр			Cross recorpts coo	na Group	<u>*</u>	0.00	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
EIGHT	Y-THIRD	SUBSCRIBER GRO	UP	11		SUBSCRIBER GRO	UP	
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	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	

CABLE ONE, INC.	BLE SYSTEM:					YSTEM ID# 023330		
			TE FEES FOR EAC					
	H SUBSCRIBER GRO		Ti .		I SUBSCRIBER GROU			
COMMUNITY/ AREA	0		COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
otal DSEs	-11	0.00	Total DSEs		Ц	0.00		
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
EIGHTY-SEVENTI	SUBSCRIBER GRO	UP	EIGH	ITY-FIGHTH	I SUBSCRIBER GROU	ID		
			Ti .		T OODOOTTIDEIT OITO			
OMMUNITY/ AREA		0	COMMUNITY/ AREA		T GODGONDEN GNOC	0		
	CALL SIGN		Ti .		CALL SIGN			
		0	COMMUNITY/ AREA			0		
		0	COMMUNITY/ AREA			0		
		0	COMMUNITY/ AREA			0		
		0	COMMUNITY/ AREA			0		
		0	COMMUNITY/ AREA			0		
		0	COMMUNITY/ AREA			0		
		0	COMMUNITY/ AREA			0		
		0	COMMUNITY/ AREA			0		
		0	COMMUNITY/ AREA			0		
		0	COMMUNITY/ AREA			0		
		0	COMMUNITY/ AREA			0		
		0	COMMUNITY/ AREA			0		
CALL SIGN DSE		0	COMMUNITY/ AREA			0		
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE		
CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group	CALL SIGN	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE DSE		

M ID# 23330							CABLE ONE, INC.
			TE FEES FOR EACH				
0	SCRIBER GROUP	NINTIETH :	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	TY-NINTH S	EIGHT COMMUNITY/ AREA
			<u>U</u>			JOININGINIT T/ AREA	
DSE	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
E						_	
						<u></u>	
						_	
						<u>"</u>	
						_	
0.00		<u>. </u>	Total DSEs	0.00		-	otal DSEs
0.00		d Group	Gross Receipts Secon	0.00	¢	roup	Gross Receipts First G
0.00		a Group	Gross Necelpts Secon	0.00	\$	ioup	oross (vecelpts i list of
							
0.00		d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
0.00	SCRIBER GROUP				\$ SUBSCRIBER GROU		
0.00	SCRIBER GROUP						NINE
	SCRIBER GROUP		NINETY	JP			NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE
0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST S	NINE COMMUNITY/ AREA CALL SIGN
DSE		-SECOND	NINETY COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE DSE	NINE COMMUNITY/ AREA CALL SIGN Total DSEs
0 DSE		-SECOND	CALL SIGN CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA

CABLE ONE, INC.	LE SYSTEM:					YSTEM ID# 023330	
			TE FEES FOR EAC				
NINETY-THIRD COMMUNITY/ AREA	SUBSCRIBER GRO	UP 0			I SUBSCRIBER GRO		
COMMUNITY/ AREA	U		COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$	0.00	
	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		I SUBSCRIBER GRO	JP 0	
COMMUNITY/ AREA		U	COMMUNITY AREA	\		U	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					n 		
Fotal DSEs		0.00	Total DSEs			0.00	
		0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	
	\$			th Group	\$	_	
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$				\$	_	

CABLE ONE, IN		E SYSTEM:				S	023330	Name
				ATE FEES FOR EAC				
NINET COMMUNITY/ ARE		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP 0	9
	I por I	I CALL CLON	L DOE		Loce	II OALL CION	l por	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	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	: Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROU		III		SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					••••			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

NI	YSTEM ID# 023330							CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	_OCK A: C	Bl
9		SUBSCRIBER GROU	SECOND			SUBSCRIBER GROU	ED FIRST	
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								
Dista								
Statio							···	
							··	
						-		
_								
_	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
_	0.00							
- 			d Casus	Dana Bata Faa Caaaa	0.00			Dana Bata Fan Firet C
- 	0.00	\$		Base Rate Fee Secon	0.00	\$		
- -	0.00	\$ SUBSCRIBER GROU		ONE HUNDRED	JP	\$ SUBSCRIBER GROU		ONE HUNDRE
	0.00							ONE HUNDRE
	0.00			ONE HUNDRED	JP			ONE HUNDRE
	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
- - - - - - -	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
- - - - - - - - - - - - - - - - - - -	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE
	0.00 UP DSE	SUBSCRIBER GROU	FOURTH	ONE HUNDREI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE COMMUNITY/ AREA CALL SIGN
	0.00 UP	SUBSCRIBER GROU	FOURTH	ONE HUNDRED	DSE DSE	SUBSCRIBER GROU	ED THIRD	ONE HUNDRE COMMUNITY/ AREA CALL SIGN
	0.00 UP DSE	SUBSCRIBER GROU	DSE	ONE HUNDREI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRE COMMUNITY/ AREA CALL SIGN Fotal DSEs
	0.00 UP	SUBSCRIBER GROU	DSE	ONE HUNDREI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA

CABLE ONE, INC.	LE SYSTEM:				S	YSTEM ID# 023330	
			TE FEES FOR EACH				
ONE HUNDRED FIFTH COMMUNITY/ AREA	SUBSCRIBER GROU	JP 0			I SUBSCRIBER GRO	JP 0	
JOININIONITY AREA							
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-						
Total DSEs		0.00	Total DSEs			0.00	
Fross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
sase Rate Fee First Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDR	ED EIGHTH	I SUBSCRIBER GRO	JP	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	H						
	-						
otal DSEs		0.00	Total DSEs			0.00	
			Gross Receipts Fourt	th Group	\$	0.00	
Gross Receipts Third Group	\$	0.00	I Ci Oss i receipts i ouit				
Gross Receipts Third Group	\$	0.00	Gross receipts rount				

EGAL NAME OF OWNER OF C. CABLE ONE, INC.	ABLE SYSTEM:					023330
			TE FEES FOR EAC			
	TH SUBSCRIBER GRO		††		SUBSCRIBER GRO	
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
	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
Gross Receipts First Group	<u> </u>		Croco recorpto coco			
Gross Receipts First Group			Oroso recosipio osso			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$	0.00
Base Rate Fee First Group ONE HUNDRED ELEVEN	\$	OUP	Base Rate Fee Seco) TWELVTH	\$ SUBSCRIBER GRO	UP
Base Rate Fee First Group ONE HUNDRED ELEVEN	\$		Base Rate Fee Seco) TWELVTH		1
Base Rate Fee First Group ONE HUNDRED ELEVEN	\$	OUP	Base Rate Fee Seco) TWELVTH		UP
ONE HUNDRED ELEVEN	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
ONE HUNDRED ELEVEN	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
ONE HUNDRED ELEVEN	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
ONE HUNDRED ELEVEN	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
ONE HUNDRED ELEVEN	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
ONE HUNDRED ELEVEN	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
ONE HUNDRED ELEVEN	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
Base Rate Fee First Group ONE HUNDRED ELEVEN' COMMUNITY/ AREA	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
Base Rate Fee First Group ONE HUNDRED ELEVEN' COMMUNITY/ AREA	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
COMMUNITY/ AREA	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
ONE HUNDRED ELEVEN	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
Base Rate Fee First Group ONE HUNDRED ELEVEN' COMMUNITY/ AREA	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
ONE HUNDRED ELEVEN' COMMUNITY/ AREA CALL SIGN DSE	\$ TH SUBSCRIBER GRO	OUP 0	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	D TWELVTH	SUBSCRIBER GRO	UP 0
Base Rate Fee First Group ONE HUNDRED ELEVEN' COMMUNITY/ AREA	\$ TH SUBSCRIBER GRO	DUP	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA CALL SIGN	DTWELVTH	SUBSCRIBER GRO	DSE
ONE HUNDRED ELEVENT COMMUNITY/ AREA CALL SIGN DSE	\$ CALL SIGN	DUP DSE O.00	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs	DTWELVTH	SUBSCRIBER GRO CALL SIGN	DSE DSE O.00

CABLE ONE, INC.	BLE SYSTEM:				S	023330
			TE FEES FOR EAC			
ONE HUNDRED THIRTEENT	H SUBSCRIBER GRO		H		SUBSCRIBER GRO	
COMMUNITY/ AREA		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 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
ONE HUNDRED FIFTEENT	H SUBSCRIBER GRO	NI ID	ONE HUNDRED	OIVEENT		
ONE HONDINED I II TELIVI						I IP
	TI GOBGOTTIBETT GITC	0	111		SUBSCRIBER GRO	<u>0</u>
	T GODGONDEN GNO		COMMUNITY/ AREA		SUBSCRIBER GRO	
	CALL SIGN		111		CALL SIGN	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE CALL SIGN DSE Total DSEs		DSE	CALL SIGN	DSE		DSE
COMMUNITY/ AREA	CALL SIGN	DSE DSE	COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE

CABLE ONE, IN		E SYSTEM:				S	023330	Name
ONE HUNDRED SEV	/ENTEENTH	COMPUTATION OF SUBSCRIBER GROU	JP	11	GHTEENTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA	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
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	: Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU		iii —		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		•						
Total DSEs			0.00	Total DSEs		II	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 Fourt	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	o as shown in the boxes	above.	\$		

CABLE ONE, INC.	LE SYSTEM:				S	YSTEM ID# 023330
			TE FEES FOR EAC			
ONE HUNDRED TWENTY-FIRST COMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	ONE HUNDRED TWEN COMMUNITY/ AREA		SUBSCRIBER GROUP	0
COMMUNITY AREA		U				U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		<u>-</u>				
		<u> </u>				
		<u>-</u>				
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
ONE HUNDRED TWENTY-THIRD	SUBSCRIBER GROUP		ii e	ITY-FOURTH	SUBSCRIBER GROUP)
						_
JIMMONTT / AREA		0	COMMUNITY/ AREA			0
	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
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	CALL SIGN				CALL SIGN	
	CALL SIGN				CALL SIGN	
CALL SIGN DSE	CALL SIGN				CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE		0.00	Total DSEs	DSE		DSE
CALL SIGN DSE CALL SIGN DSE Cotal DSEs Gross Receipts Third Group Base Rate Fee Third Group		0.00	Total DSEs	DSE		DSE

CABLE ONE, IN		E SYSTEM:				S	023330	Name
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EAC		RIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA		T SOBSCINDEN GROOT	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs		1	0.00	
	Croup	.	0.00		and Croup	•	-	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NE HUNDRED TWEN	TY-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

CABLE ONE, IN		E SYSTEM:				S	023330	Name
	BLOCK A: 0	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TW	ENTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	D THIRTIETH	H SUBSCRIBER GROUP	0	0
COMMUNITY/ AREA	Α		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
								I
								I
								I
								1
Total DSEs			0.00	Total DSEs			0.00	I
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED T	HIRTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIF	RTY-SECONI	SUBSCRIBER GROUP)	1
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								1
								I
								I
								1
								1
								I
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								I
								I
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								I
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.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 023330	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED THIR	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THII	RTY-FOURTH	SUBSCRIBER GROUP)	۵
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		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 G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	RTY-FIFTH	SUBSCRIBER GROUP		1		I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	\		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		••••••						
Total DSEs	l I		0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	te fees for each subse	criber group	as shown in the boxes	s above.	\$		

CABLE ONE, IN		E SYSTEM:				S	023330	Name
	BLOCK A: 0	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
		SUBSCRIBER GROUP		it .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0,122 0.0.1	332	07.22 0.0.1		07.22 0.0.1	332	0,122 0.0.1	332	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	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii —		SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	h Group	\$	0.00	
								
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.	\$		

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				S	023330	Name
ONE HUNDRED F		COMPUTATION O SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROUI	P	•
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		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	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	-	\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GROU		11		SUBSCRIBER GROUI	0	
COMMUNITY/ ARE	A 		0	COMMUNITY/ ARE	Α			
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 Thire	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.	\$		

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				<u></u>	023330	Name
	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED F	ORTY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		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
								Otations
						•••		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED FOR		SUBSCRIBER GROU		11		SUBSCRIBER GROUI	_	
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 Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add	I the base rat	te fees for each sub-	scriber aroun	as shown in the boxe	s above			
Enter here and in blo			3. 5 up			\$		

PUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP					CABLE ONE, INC.
	FEES FOR EACH SUBSCRIBER GRO				
			SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED FORT
0 COMMUNITY/ AREA Co	OMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	1 11	DSE	CALL SIGN	DSE	CALL SIGN
Bas					
s ₁					
s	·····				
				-	
	otal DSEs	0.00			Total DSEs
0.00 Gross Receipts Second Group \$ 0.00	ross Receipts Second Group \$	0.00	\$	oup	Gross Receipts First Gr
0.00 Base Rate Fee Second Group \$ 0.00	ase Rate Fee Second Group \$	0.00	\$	oup	Base Rate Fee First Gr
		+			
SSCRIBER GROUP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP	IE HUNDRED FIFTY-SECOND SUBSCRIE	JP (SUBSCRIBER GROU	ΓY-FIRST :	ONE HUNDRED FIFT
ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA O			SUBSCRIBER GROU	ΓY-FIRST	
0 COMMUNITY/ AREA 0	DMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIRST	
0 COMMUNITY/ AREA 0	DMMUNITY/ AREA	0			COMMUNITY/ AREA
0 COMMUNITY/ AREA 0	DMMUNITY/ AREA	0			COMMUNITY/ AREA
0 COMMUNITY/ AREA 0	DMMUNITY/ AREA	0			COMMUNITY/ AREA
0 COMMUNITY/ AREA 0	DMMUNITY/ AREA	0			COMMUNITY/ AREA
0 COMMUNITY/ AREA 0	DMMUNITY/ AREA	0			COMMUNITY/ AREA
0 COMMUNITY/ AREA 0	DMMUNITY/ AREA	0			COMMUNITY/ AREA
0 COMMUNITY/ AREA 0	DMMUNITY/ AREA	0			COMMUNITY/ AREA
0 COMMUNITY/ AREA 0	DMMUNITY/ AREA	0			COMMUNITY/ AREA
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0 COMMUNITY/ AREA 0	DMMUNITY/ AREA	0			COMMUNITY/ AREA
0 COMMUNITY/ AREA 0	DMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	DMMUNITY/ AREA	DSE			CALL SIGN
0 COMMUNITY/ AREA 0	CALL SIGN DSE CALL S	DSE			CALL SIGN
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE CALL S CALL SIGN DSE CALL S contact DSEs	0 DSE		DSE	CALL SIGN CALL SIGN Fotal DSEs
O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	CALL SIGN DSE CALL S CALL SIGN DSE CALL S contact DSEs	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	O23330	Name
				TE FEES FOR EACH				
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	0	ONE HUNDRED FIFTY COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GROU	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
								Otationo
Total DSEs	ļ		0.00	Total DSEs	!		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED FIFT	Y-FIFTH	SUBSCRIBER GROU			FTY-SIXTH	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 Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 023330	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTY-	SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED F	IFTY-EIGHTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GROUP)	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	\		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	te fees for each subsepace L (page 7)	criber group	as shown in the boxes	s above.	\$		

	001/ 1 /	COMPLITATION		TE EEE0 E00 E10	II CURCOS	IDED ODOLID		
В		SUBSCRIBER GRO		TE FEES FOR EAC		SUBSCRIBER GRO	HP	
COMMUNITY/ AREA	1 11(01	0000011101110110	0	COMMUNITY/ AREA		CODOCHIDER CITO	0	9
								Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		_						Base Rate
								and
								Syndicate
								Exclusivi Surcharg
								for
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								Distant
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Croun	\$	0.00	
				Dase Itale I de Occo	nia Group	Ψ	0.00	
				Dase Nate Fee Occo			•	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA	THIRD			COMMUNITY/ AREA	FOURTH		•	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
	THIRD		UP		FOURTH		UP	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
CALL SIGN		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
CALL SIGN		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP 0	
CALL SIGN	DSE	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO	DSE DSE 0.00	
CALL SIGN	DSE	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA	DSE	SUBSCRIBER GRO	DSE	
CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third C	DSE	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO	DSE DSE 0.00	
CALL SIGN	DSE	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE th Group	SUBSCRIBER GRO	DSE DSE 0.00	
CALL SIGN CALL SIGN Data DSEs Tross Receipts Third C	DSE	SUBSCRIBER GRO	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Four	DSE th Group	SUBSCRIBER GRO CALL SIGN * * * * * * * * * * * * *	DSE 0.00 0.00	

1.31			E BASE DA	TE FEES FOR EACH	1 61 18600	IRED COOLID		
DL		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
DMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computat of
STILL STOTE	DOL	OF REE GIGIT	562	O'NEE STOIT	DOL	O/ LEE STOTA	562	Base Rate
								and
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								for
								Partially Distant
								Stations
								Otations
tal DSEs			0.00	Total DSEs			0.00	
oss Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
		<u>·</u>			0.04p	<u>·</u>		
se Rate Fee First Gr	oup	\$	0.00	Bass Bats Fas Cass				
	- up	Ą	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
9				Base Rate Fee Seco			•	
		SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
S DMMUNITY/ AREA				COMMUNITY/ AREA	EIGHTH		•	
DMMUNITY/ AREA	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP 0	
			UP		EIGHTH		UP	
DMMUNITY/ AREA	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP 0	
DMMUNITY/ AREA	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP 0	
DMMUNITY/ AREA	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP 0	
DMMUNITY/ AREA	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP 0	
DMMUNITY/ AREA	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP 0	
DMMUNITY/ AREA	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP 0	
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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023330 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

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023330 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. FIFTH SUBSCRIBER GROUP SIXTH 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 SEVENTH SUBSCRIBER GROUP EIGHTH 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. 023330 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. 023330 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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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 023330 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. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH 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 NINEENTH SUBSCRIBER GROUP TWENTYTH 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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