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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY								
AMOUNT								
\$ ALLOCATION NUMBER								

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2019/2										
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC.										
				2669020192							
				26690 2019/2							
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626										
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•									
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT	<u> </u>									
	MAILING ADDRESS OF CABLE SYSTEM: 221 S. SHARPE AVE. (Number, street, rural route, apartment, or suite number) CLEVELAND, MS 38732 (City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and r	elist on page 1b							
Area Served	with all communities. CITY OR TOWN	STATE									
First	CLARKSDALE	MS									
Community	Below is a sample for reporting communities if you report multiple ch	l nannel line-ups in	Space 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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

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

FORM SA3E. PAGE 1b. **SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: 26690 CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN CH LINE UP SUB GRP# STATE **CLARKSDALE** MS AA **First BATESVILLE** 3 MS AA Community **COAHOMA COUNTY** MS AA 3 **COURTLAND** MS 4 AA 7 **DUNCAN** MS AA **LAMBERT** AA 1 MS See instructions for LYON MS AA 6 additional information on alphabetization. **MARKS** MS AA 5 **PANOLA COUNTY** 3 MS AA **POPE** MS AA 4 **QUITMAN** AA 2 MS Add rows as necessary.

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

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.

BLOCK 1 BLOCK 2						
04750000005050000	NO. OF		DATE	0.475.000.7.05.050.4.05	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:						
 Service to first set 	1,794	\$	40.00	BULK RATE	437	52.01-
 Service to additional set(s) 						\$ 2,106.92
 FM radio (if separate rate) 						
Motel, hotel	8	45.0	0-320.00			
Commercial						
Converter						
 Residential 						
 Non-residential 						
		·•				··

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	3.00-44.00	Motel, hotel	COST	STANDARD	\$ 40.00
 Pay cable—add'l channel 		Commercial		ESPANOL	\$ 5.00
 Fire protection 		• Pay cable		DELUXE	\$ 44.00
Burglar protection		 Pay cable-add'l channel 		DIGITAL VALUE PAK	\$ 15.00
Installation: Residential		Fire protection		PREMIUM	\$ 18.00
First set	\$ 35.00	Burglar protection			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect	\$ 90.00		
 Converter 		Disconnect			
		Outlet relocation	\$ 60.30		
		Move to new address	\$ 30.00		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** (Yes or No) **CARRIAGE** OF **NUMBER STATION** (If Distant) **WABG** 32 Ν GREENWOOD, MS No **WHBQ** 13 ı Yes 0 MEMPHIS, TN See instructions for additional information **WKNO** 29 Ε 0 Yes MEMPHIS, TN on alphabetization. **WLMT** 31 0 MEMPHIS, TN ı Yes **WMAV** 36 Ε 0 Yes OXFORD, MS 5 Ν **WMC** No MEMPHIS, TN WPRQ-LP 12 ı Yes 0 CLARKSDALE, MS **WPTY** 0 MEMPHIS, TN 25 Ν Yes **WREG** 3 Ν MEMPHIS, TN No

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				26690	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G Primary		
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife ECC rules, regulations, or authorizations:								
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		CHANN	EL LINE-UP	AB				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name			
CABLE ONE, II	NC.				26690	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	ON							
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Note: If you are utilizing									
		CHANN	EL LINE-UP	AD					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL		(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					
						1			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				26690	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G Primary		
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Note: If you are utilizing	ng multiple cha	•	use a separate EL LINE-UP	•	channel line-up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				26690	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience carriage of cert	ed only on a part-time basis under	G Primary		
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.								
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example			
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel			
educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local service Column 5: If you he cable system carried to carried the distant state. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilizing	e in each case of entering the lecast), "E" (for notes terms, see pation is outside ice area, see part entered "Yes the distant station on a part-tipsion of a distant tentered into on a primary transsimulcasts, also ince categories e location of each canadian station multiple characteristics.	whether the setter "N" (for noncommercial page (v) of the ethe local servage (v) of the es" in column on during the eme basis becaute multicast stronger or an action of enter "E". If a see page (vach station. For each station.	etwork), "N-M" (all educational), or egeneral instruction (i.e. "general instruction (i.e. you must contact accounting period (i.e. you must contact of lack of a geam that is not seem that is not some 30, 2009, but it is sociation repressored the contact of the general for U.S. stations, we the name of the use a separate	(for network multidor "E-M" (for noncetions located in the distant"), enter "Yestions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable system of the community with space G for each	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.			
1. CALL SIGN	CHANNEL		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)				

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				26690	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable s	system during to ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	ed only on a part-time basis under tain network programs [sections	G Primary		
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife ECC rules, regulations, or authorizations:								
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.								
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example			
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel			
column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the stational services of the planation of local services educated as the column 4: If the stational services of the column 4: If the stational services educated as the column 4: If the stational services of the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If the stational services educated as the column 4: If t	e in each case of entering the lecast), "E" (for nese terms, see cation is outside ice area, see page 2.5.	whether the setter "N" (for noncommercial page (v) of the the local serage (v) of the	etwork), "N-M" (al educational), on the general instruction vice area, (i.e. " general instruction	(for network multion or "E-M" (for noncontions located in the distant"), enter "Y tions located in the	es". If not, enter "No". For an ex-			
cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and	he distant station ion on a part-tion sion of a distant t entered into o a primary trans	on during the me basis bec multicast str n or before Ju mitter or an a	accounting periause of lack of a eam that is not a une 30, 2009, be a sociation repressoriation repressoriatio	od. Indicate by en activated channel subject to a royalt etween a cable sy esenting the prima	tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa-			
explanation of these the Column 6: Give the	nree categories e location of ea Canadian static	, see page (v nch station. Fo ns, if any, giv	of the general or U.S. stations, we the name of t	instructions locate list the communit he community with	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the handle which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AH				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				26690	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G Primary		
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.								
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.								
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example			
Column 2: Give the its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel			
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of the the local ser	e general instru vice area, (i.e. "	ctions located in t distant"), enter "Y	es". If not, enter "No". For an ex-			
cable system carried t	ave entered "Y he distant station	es" in column on during the	4, you must co accounting peri	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system			
of a written agreement	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing			
tion "E" (exempt). For explanation of these the	simulcasts, als ree categories	o enter "E". If , see page (v	you carried the) of the general	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the			
	Canadian statio	ons, if any, giv	e the name of t	he community with	n which the station is identifed.			
		CHANN	EL LINE-UP	Al				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	News			
CABLE ONE, II	NC.				26690	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	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								
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		-			ation. For example, report multi-				
cast stream as "WETA WETA-simulcast).	∖-2". Simulcast	streams mus	st be reported in	column 1 (list eac	ch stream separately; for example				
its community of licens on which your cable sy	se. For examply ystem carried tl	e, WRC is Ch ne station.	nannel 4 in Was	hington, D.C. This	ependent station, or a noncommercial				
educational station, by (for independent multi- For the meaning of the	entering the lecast), "E" (for nese terms, see tation is outside	etter "N" (for no concommercian page (v) of the the local ser	network), "N-M" al educational), de general instru vice area, (i.e. "	(for network multion or "E-M" (for nonc actions located in t distant"), enter "Y	cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-				
cable system carried t carried the distant stat For the retransmiss	he distant stati tion on a part-ti sion of a distan	on during the me basis bec t multicast str	accounting peri ause of lack of a eam that is not	od. Indicate by en activated channel subject to a royalt	y payment because it is the subject				
the cable system and tion "E" (exempt). For	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repression you carried the	esenting the prima channel on any o	stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.				
Column 6: Give th	e location of ea Canadian statio	ach station. Fo	or U.S. stations, we the name of t	list the communit he community with	y to which the station is licensed by the h which the station is identifed.				
		CHANN	EL LINE-UP	AN	·				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	U. LOCATION OF STATION				
	NUMBER	STATION		(If Distant)					

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, II	NC.				26690	Name	
PRIMARY TRANSMITTERS: TELEVISION							
carried by your cable s FCC rules and regulat	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 ba	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 F0	CC rules, regula	ations, or auth	norizations:		ent and Program Log)—if the	Television	
basis. For further in the paper SA3 for	and also in spanformation condormation	ace I, if the sta cerning subst	itute basis static	ons, see page (v)	tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify		
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its over the cording to its over the cordinate of the cordinate	ver-the-air designa column 1 (list eac	ation. For example, report multi- ch stream separately; for example		
its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	nannel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air in smay 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.							
		1	EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AR 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AS 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, I	NC.				26690	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable a	system during t tions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G Primary	
substitute program ba	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
basis under specifc Formula Do not list the station station was carried	n here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the		
 List the station here, basis. For further in in the paper SA3 for 	and also in spanformation condorm.	ace I, if the sta cerning substi	tute basis statio	ons, see page (v)	tute basis and also on some other of the general instructions located		
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit 4-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	ver-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example		
its community of licen	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel		
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.							
		CHANN	EL LINE-UP	AV			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#				
CABLE ONE, I	NC.				26690	Name			
PRIMARY TRANSMITT	ERS: TELEVISION	ON							
carried by your cable s	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 F0Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the				
 List the station here, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify				
each multicast stream cast stream as "WETA-WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	ation. For example, report multi- ch stream separately; for example				
its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	annel 4 in Wasl	hington, D.C. This	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial				
educational station, by (for independent multi- For the meaning of the	entering the lecast), "E" (for nese terms, see tation is outside	etter "N" (for noncommercial page (v) of the the local ser	etwork), "N-M" (al educational), o e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonc actions located in t distant"), enter "Y	cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-				
Column 5: If you h cable system carried t carried the distant state	ave entered "Y he distant station ion on a part-ti	es" in column on during the me basis bec	accounting perions of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system				
of a written agreement the cable system and tion "E" (exempt). For	t entered into o a primary trans simulcasts, als	n or before Ju mitter or an a o enter "E". If	une 30, 2009, be ssociation repre you carried the	etween a cable system esenting the primation channel on any o	stem or an association representing transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.				
Column 6: Give th	e location of ea Canadian statio	ich station. Fo	or U.S. stations, re the name of the	list the communit he community witl	y to which the station is licensed by the n which the station is identifed.				
		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				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 26690 CABLE ONE, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2019/2

LEGAL NAME OF OWNER OF CABLE ONE, INC.	CABLE SYST	EM:				S	YSTEM ID# 26690	Name
SUBSTITUTE CARRIAGE	F. SPECIA	I STATEME	NT AND PROGRAM LO	3				
In General: In space I, ident substitute basis during the a explanation of the programm form.	tify every no ccounting pe	nnetwork televi eriod, under spe	sion program broadcast by ecific present and former F0	a distant stati CC rules, regu	llations, or author	rizations.	. For a further	Substitute
1. SPECIAL STATEMENT	Γ CONCER	NING SUBST	TITUTE CARRIAGE					Carriage: Special
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is	"Yes," you m	ust complete the	prograi	m	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant state gulations, cation. Do not be used to be	attach addition nnetwork televion and that your authorization of use general as A Basketball: deast live, enterstation broadcaton's location (thous, if any, the when your system of a program carrolisted program ons in effect described and the statement of the s	rision program (substitute pour cable system substitute pour cable system substitute ins. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Pasting the substitute programe community to which the community with which the other carried the substitute or gram was carried by your fied by a system from 6:01:	program) that and for the program that instruction is lice station is lice program. Use cable system 15 p.m. to 6:2 amming that and; enter the less to form the less that is not set to the less that is not set the les	ensed by the FC0 ntified). List the times a 28:30 p.m. should your system was etter "P" if the list	ounting other stane paper rogram C or, in the more accurate ld be a require ted pro	ntion nth	
S	UBSTITUT	E PROGRAM	1		EN SUBSTITUT		7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES		FOR DELETION	
					_			
					_			
					_			
					_			
					_			
					_			
					_			
					_			
					_			
					_			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 26690 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name			
CAI	BLE ONE, INC.		26690	Name			
Inst all a (as i	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmissior	n service	K Gross Receipts			
	Gross receipts from subscribers for secondary transmission service(s)	•	550,000,04				
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	550,223.04 ss 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. 							
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line 1	of				
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line 2 in	block				
3 be	low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho	ould be entered on li	ine				
	block 4 below.	raid be efficied of the					
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		of the				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	550,223.04				
	Enter the result here.		5.054.05				
	This is your minimum fee.		5,854.37				
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and of the stations of the	nn 4, you must che	ck				
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	\$	3,057.65				
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00				
	Line 3. Add lines 1 and 2 and enter here	\$	3,057.65				
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	\$	5,854.37	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.		0.00	submitting additional deposits under			
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact			
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the appropriate			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	6,579.37	form for submitting the			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the		additional fees.			

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

Name	LEGAL NAME OF	OWNER OF CABLE S	YSTEM:	SYSTEM ID#
Name	CABLE ON	E, INC.		26690
M Channels			(1) the number of channels on which the cable system carried television broadcast cable system's total number of activated channels, during the accounting period.	stations
			hannels on which the cable oadcast stations	9
	2. Enter the	total number of	ctivated channels	
		•	carried television broadcast stations	289
N Individual to			CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual tement of account.)	
Be Contacted for Further Information	Name <u>E</u>	MERSON Y	EARWOOD Telephone (602-364-6195
		10 E. EARLL umber, street, rural	DRIVE route, apartment, or suite number)	
		HOENIX, AZ	85012-2626	
	Email	emer	son.yearwood@cableone.biz Fax (optional) 602-364-6	6013
_	CERTIFICATION	ON (This statem	ent of account must be certifed and signed in accordance with Copyright Office regu	ılations.)
O Certifcation	• I, the unders	igned, hereby ce	tify that (Check one, but only one, of the boxes.)	
	(Owner of	her than corpor	ation or partnership) I am the owner of the cable system as identifed in line 1 of space B	; or
			n corporation or partnership) I am the duly authorized agent of the owner of the cable sy that the owner is not a corporation or partnership; or	ystem as identified
		or partner) I am a 1 of space B.	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own	ner of the cable system
	are true, com		t of account and hereby declare under penalty of law that all statements of fact contained to the best of my knowledge, information, and belief, and are made in good faith.	herein
		X	/s/ Raymond Storck	
		(e.g., /s	electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the hen type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compate	·
		Typed	or printed name: RAYMOND STORCK	
		Title:	VICE PRESIDENT (Title of official position held in corporation or partnership)	
		Date:	February 28, 2020	

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC.	26690	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuants. For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for seemade by satellite carriers to satellite dish owners?	system for the basic em shall not include sub- suant to section 119." al instructions in the	Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payor For an explanation of interest assessment, see page (viii) of the general instructions in the paper		Q
Line 1 Enter the amount of late payment or underpayment	х	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays - 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 fu contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	rther assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Oplease list below the owner, address, first community served, accounting period, and ID number filing.		
Owner Address		
First community served		
Accounting period		
ID number		

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM								
I	CABLE ONE, INC.					26690			
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:						
	Add the DSEs of each station.								
	Enter the sum here and in line	1 of part 5 of this	s schedule.		3.75				
	Instructions			L					
2	Instructions: In the column headed "Call S	Sign": list the cal	Il signs of all distant stations	identified by t	he letter "O" in column 5				
_	of space G (page 3).								
Computation	In the column headed "DSE"			as "1.0"; for	each network or noncom-				
of DSEs for	mercial educational station, giv	re the DSE as ".2							
Category "O"	CATEGORY "O" STATIONS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	WHBQ	1.000							
	WKNO	0.250							
	WLMT	1.000							
	WMAV	0.250							
Add rows as	WPRQ-LP	1.000							
necessary.	WPTY	0.250							
Remember to copy									
all formula into new									
rows.									

			=
	I		

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

Name	CABLE ONE,	INC.					S	26690
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should conclumn 3: Column 4: be carried out and Column 5: give the type-ventors.	t the call sign of all distated For each station, give to the call sign of all distated For each station, give to Divide the figure in column at least to the third decirated For each independent status as ".25."	he number of hours y mation given in space he total number of hourn 2 by the figure in mal point. This is the station, give the "type lumn 4 by the figure in	our cable systeme J. Calculate onlurs that the static column 3, and gifbasis of carriage -value" as "1.0." In column 5, and g	carried the station of the station of the case of the state of the sta	on during the accounting ach station. In the air during the accounting the accoun	unting period. is figure must cational station, ess than the	
Capacity		C	ATEGORY LAC	STATIONS: C	COMPUTATIO	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS OF ED BY ST	MBER HOURS ATION I AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DS	ìΕ
			÷	=		X	=	
			÷	<u> </u>		X X	<u> </u>	
			÷ ÷	=		X	=	
			÷	=		X	=	
			÷	=		x x	=	
			÷	=		×	=	
	Add the DSEs of	OF CATEGORY LAC S f each station. n here and in line 2 of p			▶	0.00		
Computation of DSEs for Substitute-Basis Stations	 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). 							
		SU	BSTITUTE-BASI	S STATIONS	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-				÷		=
						÷		=
		-				÷		=
						÷		=
	Add the DSEs of	• OF SUBSTITUTE-BASI f each station. n here and in line 3 of p	S STATIONS:			0.00		=
5		R OF DSEs: Give the am applicable to your systen		in parts 2, 3, and 4	4 of this schedule	and add them to provide	the total	
Total Number		DSEs from part 2 ●			>		3.75	
of DSEs		DSEs from part 3 ●			.		0.00	
	3. Number of	DSEs from part 4 ●			>		0.00	
	TOTAL NUMBER	R OF DSEs				 ►		3.75

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

LEGAL NAME OF O	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#	
CABLE ONE, I	NC.							26690	Name
Instructions: Block In block A:	ck A must be comp	eted.							
 If your answer if schedule. 	"Yes," leave the re	mainder of pa	art 6 and part 7	of the DSE sched	lule blank and	complete part	8, (page 16) of th	ne	6
If your answer if	"No," complete blo	cks B and C	below.						
			BLOCK A: 7	TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24,	1981?		·	er markets as defii LETE THE REMAI			CC rules and regu	lations in	3.73 Fee
X No—Comp	olete blocks B and	C below.							
					AITTED DO				
Caluma a 4.				IAGE OF PERM					
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Scheo	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	on of permitte	d stations, see the)	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica	lles and reguled pursuant to on as defined all educational	lations cited be o the FCC mar I in 76.5(kk) (76 al station [76.59	sis on which you ca low pertain to thos ket quota rules [76 6.59(d)(1), 76.61(e 0(c), 76.61(d), 76.6	e in effect on .57, 76.59(b),)(1), 76.63(a) 3(a) referring	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)]	6.63(a) referring to	0	
	instructions fo E Carried pursua *F A station prev	r DSE sched ant to individu viously carrie IHF station wi	ule). ual waiver of F(d on a part-tim ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	is prior to Jun	e 25, 1981		5)]	
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			orksheet on page 1	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	part 5 of this	schedule					
Line 2: Enter the	sum of permitted	d DSEs from	n block B abo	ve			ır		
				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	ınd enter su	m here						partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3				. X		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	2

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

		COMPUTATION O	F BASE RA	TE EEES EOD EACH	CLIDCODIE	RED CDOLID		
			1 5/102 11/	TE FEES FOR EACH	SUBSCRIE	BEN GNOUP		
	FIRST	SUBSCRIBER GRO	UP	<u> </u>	SECOND	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA	Lamber	t		COMMUNITY/ AREA	Quitman	Со		9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WKNO	0.25							Base Rate I
								and
								Syndicate
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								for
								Partially
								Distant
								Stations
otal DSEs			0.25	Total DSEs			0.00	
Succes Descripto First C			0 110 11		ad Ouassa	•	1E 202 10	
Gross Receipts First G	roup	\$ 1	8,119.11	Gross Receipts Secor	na Group	\$	15,382.18	
ase Rate Fee First G	roup	\$	48.20	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	Batesvi	lle/Panola Co		COMMUNITY/ AREA	Courtlan	d/Pope		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
VPRQ-LP	1.00			WKNO	0.25			
otal DSEs			1.00	Total DSEs			0.25	
ross Receipts Third (Group	\$ 18	6,862.00	Gross Receipts Fourth	n Group	\$	13,205.67	
ase Rate Fee Third (Group	\$	1,988.21	Base Rate Fee Fourth	n Group	\$	35.13	
					-			

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABLE	SYSTEM:				S\	26690	Name
В	LOCK A: 0	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GROUI	Р	0
COMMUNITY/ AREA	Marks			COMMUNITY/ AREA	Clarksda	ale		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WKNO	0.25			WKNO	0.25			Base Rate Fee and
								Syndicated Exclusivity
								Surcharge for Partially
								Distant Stations
Total DSEs			0.25	Total DSEs			0.25	
Gross Receipts First G	roup	\$ 31	1,333.82	Gross Receipts Seco	and Group	\$ 27	78,217.55	
Base Rate Fee First Gi	roup	\$	83.35	Base Rate Fee Seco	and Group	\$	740.06	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GROUI	P	
COMMUNITY/ AREA	Duncan			COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WHBQ	1.00							
WKNO WLMT	0.25 1.00							
WMAV	0.25							
WPTY	0.25							
Total DSEs			2.75	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 7	7,102.71	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	162.71	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th			criber group	as shown in the boxes	above.			
Enter here and in block						\$		

9		DED ODOLID		TE EEEO EOO EAOI				
9				TE FEES FOR EACH		COMPUTATION O		<u></u>
		SUBSCRIBER GROU	TENTH			SUBSCRIBER GRO	NINTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate Exclusivi								
Surcharg								
for								
Partially								
Distant Stations								
	0.00	•		Total DSEs	0.00	•		Γotal DSEs
	_	•	d 0		-	•	2	
	0.00	\$	a Group	Gross Receipts Secon	0.00	\$	Group	Bross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
1	IP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	ELEVENTH	E
	0							
				COMMUNITY/ AREA	0			COMMUNITY/ AREA
_								
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
_ - - "	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
- - - 	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
- - - - - - -	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
- - - - - -	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
- - - - - - -	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
- - - - - - - - - - - - -	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
- - - - - - - - - - - - - - - -	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN		CALL SIGN	DSE	CALL SIGN		
	0.00			CALL SIGN Total DSEs	DSE			CALL SIGN

	D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	JRIEENIH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	TEENIH	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	502	O/ LEE GIGIT	562	OALL GIGHT	562	37 LEE 31314	DOL	CALL GIGIT
and							-	
Syndica								***************************************
Exclusiv								
Surchar								
for								
Partial Distar								
Station								
Olulio.			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	IXTEENTH	S	IP	SUBSCRIBER GROU	TEENTH	FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
			_				-	
	0.00			Total DSEs	0.00			otal DSEs
					,			
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third Gr

-								
I						COMPUTATION OF		
9		SUBSCRIBER GROU	GHTEENTH			SUBSCRIBER GROU	ENTEENTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivity Surcharg								
for								
Partially								
Distant								
Stations								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	WENTIETH		JP	SUBSCRIBER GROU	UNITEENITU	NII
	•						IINTEENTH	INI
	0			COMMUNITY/ AREA	0		IINTEENTH	
_				COMMUNITY/ AREA	0			COMMUNITY/ AREA
-	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
- - -		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
-		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
- - - 		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
- - - - - -		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
- - - - - - - -		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
- - - - - - - - - -		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			CALL SIGN
	DSE			CALL SIGN CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Fotal DSEs
	DSE	CALL SIGN		CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Fotal DSEs
	DSE		n Group	CALL SIGN CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	26690	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIRST	SUBSCRIBER GROU	Р	TWENTY	-SECOND	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
								Oldinoo
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENT	TY-THIRD	SUBSCRIBER GROU	Р	TWENT	/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	-				•	•		
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, s _l	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

BLOCK A: COMPUT TWENTY-FIFTH SUBSCR OMMUNITY/ AREA CALL SIGN DSE CALL S	0		ENTY-SIXTH	IBER GROUP I SUBSCRIBER GROU	JP 0	9
OMMUNITY/ AREA	0	COMMUNITY/ AREA		SUBSCRIBER GROU		9
			·		U	•
CALL SIGN DSE CALL S	SIGN DSE	CALL CICAL	DSE CALL SIGN DSE			Computation
		CALL SIGN	DSE	CALL SIGN	DSE	of
						Base Rate I
						and
······································						Syndicate Exclusivit
						Surcharge
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otal 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	ond Group	\$	0.00	
TWENTY-SEVENTH SUBSCR	IBER GROUP	TWE	NTY-EIGHTH	I SUBSCRIBER GROU	 JP	
OMMUNITY/ AREA	0	COMMUNITY/ AREA			0	
		,				
CALL SIGN DSE CALL S	SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs	0.00	Total DSEs			0.00	
ross Receipts Third Group \$	0.00	Gross Receipts Four	th Group	\$	0.00	
·			-			
ase Rate Fee Third Group \$	0.00	Base Rate Fee Four	th Group	\$	0.00	

9		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	$\bigcirc \bigcirc \lor \land \land \land$	
Q	_P I	SUBSCRIBER GROU	THIRTIETH			SUBSCRIBER GROU		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	202							
and								
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Exclusiv						-	-	
Surchar								
for Partial							-	
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr
	Р	SUBSCRIBER GROU	/-SECOND	THIRT	IP	SUBSCRIBER GROU	TY-FIRST	THIR
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	ross Receipts Third G
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	ase Rate Fee Third G

				TE EEES EOD EACL				
		BER GROUP						
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computat	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			-					
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	ross Receipts First Gı
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	ross Receipts First Gi
	0.00	\$	·	Gross Receipts Secon		\$	·	·
	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	ase Rate Fee First G
	0.00		d Group	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GRO	roup	ase Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	ase Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	ase Rate Fee First Gr THIR OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	ase Rate Fee First Gr THIR OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	ase Rate Fee First Gr THIR OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	ase Rate Fee First Gi THIR OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	ase Rate Fee First Gi THIR OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	ase Rate Fee First Gr THIR OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	ase Rate Fee First Gr THIR OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	ase Rate Fee First Gi THIR OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	ase Rate Fee First Gr THIR OMMUNITY/ AREA
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	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	ase Rate Fee First Gr THIR OMMUNITY/ AREA
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	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	ase Rate Fee First Gr THIR OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	roup RTY-FIFTH	THIR OMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU	d Group RTY-SIXTH DSE	Base Rate Fee Secon THI COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	SUBSCRIBER GRO	DSE	THIR OMMUNITY/ AREA CALL SIGN Dotal DSEs
	0.00 P	\$ SUBSCRIBER GROU	d Group RTY-SIXTH DSE	Base Rate Fee Secon THI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	ase Rate Fee First Gr THIR OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	d Group RTY-SIXTH DSE	Base Rate Fee Secon THI COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	CALL SIGN	DSE	THIR OMMUNITY/ AREA CALL SIGN otal DSEs

CABLE ONE, INC) }=						26690	Name
				ATE FEES FOR EAC				
	'-SEVENTH	SUBSCRIBER GRO		1		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	•				•			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THI	RTY-NINTH	SUBSCRIBER GRO)UP		FORTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
			criber group	as shown in the boxes	s above.	\$		
Enter here and in bloc			Januar group	as onewn in the boxe.	J 450 V O.	\$		

	P	BER GROUP SUBSCRIBER GROU		RATE FEES FOR EA		COMPUTATION OF SUBSCRIBER GROU		
9	0		I-OLOGIND	0 COMMUNITY/ AR				COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	SE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	302	07.22 0.014	302	72 07122 01011	1 202	O/ILL SIGIT	362	07.122.01011
and						-		
Syndica								
Exclusi								
Surcha								
for					<u> </u>			
Partial Distar					<u> </u>			
Station	<u></u>				<u> </u>			
Otatioi								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	00 Gross Receipts Se	0.00	\$	OUD	ross Receipts First Gr
		*	a 3. 54p				очр	roos resolpto i list Si
	0.00	\$	d Group	Base Rate Fee Se	0.00	\$	oup	ase Rate Fee First Gr
	P	SUBSCRIBER GROU	Y-FOURTH	F	 JP	SUBSCRIBER GROU	TY-THIRD	FOR ⁻
	0			0 COMMUNITY/ AR	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	SE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
					<u></u>			
					<u></u>			
					N. C.			
	0.00				0.00			otal DSEs
	0.00	\$	Group		0.00	\$	roup	
		\$		Gross Receipts Fo		\$		Fotal DSEs Gross Receipts Third G

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 26690								Name
ВІ	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR	TY-FIFTH	SUBSCRIBER GROU	Р	FOF	RTY-SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGIN	DOL	OALL SIGIN	DOL	OALL SIGN	DOL	CALL SIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
					•		•	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	ross Receipts First Group \$ 0.00			Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FORTY-S	SEVENTH	SUBSCRIBER GROU	Р	FORT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

CABLE ONE, IN	C.						26690	Name
				ATE FEES FOR EAC				
		I SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
, , , , , , , , , , , , , , , , , , ,	о. о а р	_			она отоар	<u>*</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIFTY-FIRST	SUBSCRIBER GRO	DUP	FII	FTY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	'	<u>.</u>	2- -		•	·	2.30	
			scriber group	as shown in the boxes	s above.			
Enter here and in blo	ск 3, line 1,	space L (page /)				\$		

CABLE ONE, IN	.						26690	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ ARE	4		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate Exclusivit
								Surcharg
								for
								Partially
								Distant Stations
								Stations
otal DSEs			0.00	Total DSEs		1	0.00	
	1 Ono					•		
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIFTY-FIFTH	I SUBSCRIBER GRO	DUP		FIFTY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
		<u> </u>	3.00				0.00	
			scriber group	as shown in the boxes	s above.			
Enter here and in blo	оск 3, line 1,	space L (page 7)				\$		

	D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	SOBSCRIBER GROOM		COMMUNITY/ AREA	0	SOBSCRIBER GROC	PL V LINITI	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	202		202	0.122 0.011		0.120.011		
and								
Syndicat								
Exclusiv								
Surchar								
for								
Partiall Distan								
Station								
Otation.			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
			•	·		·	•	·
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	SIXTIETH		IP	SUBSCRIBER GROU	Y-NINTH	FIFT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
			_					
	0.00		•	Total DSEs	0.00			otal DSEs
	~ ~ ~ .		Group	Gross Receipts Fourth	0.00	\$	oup	Bross Receipts Third Gr
	0.00	\$	Oroup					

I				TE FEES FOR EACH				
∃ 9		SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GROU		
Computati	0			COMMUNITY/ AREA	0		Α	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi								
Surcharg for								
Partially								
Distant								
Stations								
			<u></u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Secor	0.00	•	t Group	Gross Receipts First (
-	0.00	Ψ	іа Отоар	Gross Receipts Gecor	0.00	Ψ	т Огоар	noss receipts i list c
	0.00	\$	od Group	Base Rate Fee Secon	0.00	\$. 0	Base Rate Fee First (
]	0.00	Ф	ia Group	Dase Rate Fee Secon	U.UU I		+ (-'roun	
						φ	t Group	Dase Nate Fee First C
	JP	SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GROU		
= -	JP 0	SUBSCRIBER GROU	Y-FOURTH				SIXTY-THIRD	SI
= - - -	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
= - - - - -		SUBSCRIBER GROU	Y-FOURTH DSE	SIXT	JP		SIXTY-THIRD	SI
	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
	0			SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	SI: COMMUNITY/ AREA
	DSE			SIXT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	SIXTY-THIRD	CALL SIGN
	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	CALL SIGN	SIXTY-THIRD A DSE	CALL SIGN CALL SIGN Total DSEs
	DSE		DSE	SIXT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	SIXTY-THIRD A DSE	CALL SIGN CALL SIGN Fotal DSEs
	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	CALL SIGN	SIXTY-THIRD A DSE	SI: COMMUNITY/ AREA

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 26690								
				TE FEES FOR EAC				
		SUBSCRIBER GRO		†		SUBSCRIBER GROU		9
COMMUNITY/ ARE			0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
		-						and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Firs	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	
SIXT	Y-SEVENTH	SUBSCRIBER GRO	UP	S	IXTY-EIGHTH	SUBSCRIBER GRO	JP	
OMMUNITY/ ARE	·······		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 Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
 	F	•			- -	· .		
ase Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
ase Rate Fee: Add	d the base ra t	te fees for each subs	scriber group	as shown in the boxes	s above.			

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 26690								Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SIX	TY-NINTH	SUBSCRIBER GROU	JP	SE	VENTIETH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oss Receipts First Group \$ 0.00			Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GROU	JP	SEVENT	/-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u> </u>	
							_	
		II.					1 2 2 2	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Dana Bata Francis I C			0.00	Back Bath For 5	Oncorr		0.00	
Base Rate Fee Third G	roup	 \$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group	as shown in the boxes al	oove.	.		
Enter here and in block	3, iine 1, s	space ∟ (page /)				\$		

CABLE ONE, INC	౮. 						26690	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA	······································		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEV	ENTY-FIFTH	I SUBSCRIBER GRO	DUP	SE ^v	/ENTY-SIXTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA	4		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	
Fross 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	
	-				•			
			scriber group	as shown in the boxes	s above.	¢		
Enter here and in blo	OK 3, IIIIE 1,	space L (page /)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 26690								Name
В	_OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVENTY-S	SEVENTH	SUBSCRIBER GROU	P	SEVENT	Y-EIGHTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
							_	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SEVEN	Y-NINTH	SUBSCRIBER GROU	Р	E	EIGHTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roun	¢	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		[¥	0.00		50p	I *	0.00	
Base Rate Fee: Add the	e base rate	e fees for each subsc	iber aroun	as shown in the boxes a	hove			
Enter here and in block			9.0 u p		. . . v.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 26690								Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-FIRST	SUBSCRIBER GRO	JP	EIGHT	Y-SECOND	SUBSCRIBER GROUI	P	•
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
	<mark></mark>							Stations
		-				_		Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr				Gross Receipts Secon	d Group	\$	0.00	
Cross recorpts i not Cr	очр	<u>*</u>	0.00	Cross receipts occor	a Group	<u> </u>		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EIGH	TY-THIRD	SUBSCRIBER GRO	JP	EIGHT	Y-FOURTH	SUBSCRIBER GROUI	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_,						
	<u> </u>							
Tatal BOT		П	0.00	T-4-1 DOE	1		0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
			riber group	as shown in the boxes a	bove.			
Enter here and in block 3, line 1, space L (page 7)						\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 26690								Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		-
EIGH	TY-FIFTH	SUBSCRIBER GROU	JP	EIGI	HTY-SIXTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
			• • •				• • • •	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	ross Receipts First Group \$ 0.00			Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
EIGHTY-	SEVENTH	SUBSCRIBER GROU	JP	EIGH1	Y-EIGHTH	SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
,	•				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		
		- ,						

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 26690								Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH ⁻	TY-NINTH	SUBSCRIBER GROU	JP		NINTIETH	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
			<u></u>		<u> </u>			
			<u> </u>		<u></u>			
			_					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GROU	JP	NINET	Y-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···		<u> </u>		<u> </u>			
			<u> </u>		<u> </u>			
		_				_		
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
3 3 3 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	r	-			F	-		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
	. , , -	,						

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP NINETY-THIRD SUBSCRIBER GROUP NINETY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
IUNITY/ AREA 0 COMMUNITY/ AREA 0	
	9
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Computat
	of
	Base Rate
	and
	Syndicate Exclusivi
	Surcharg
	for
	Partially
	Distant
	Stations
OSEs	
Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
NINETY-FIFTH SUBSCRIBER GROUP NINETY-SIXTH SUBSCRIBER GROUP	
IUNITY/ AREA O COMMUNITY/ AREA O	
SIGN DSE CALL SIGN DSE CALL SIGN DSE	
DSES	
0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				SY	26690	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
NINETY-	SEVENTH	SUBSCRIBER GROU	JP	NINE	ΓΥ-EIGHTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
***************************************								for
								Partially Distant
								Stations
						H		Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr			0.00	Base Rate Fee Secon	d Croup		0.00	
	·	\$ CLIBSCOIRED CROL				SUBSCRIBER GROUF		
	I Y-INIIN I H	SUBSCRIBER GROU			INDREDIA	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
					<u> </u>			
			<u></u>					
Total DOC-		II	0.00	Total DOE		П	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	r ————————————————————————————————————	L'			r	L'		
Raco Poto Foot Add th	o hace -	o food for each sub	ribor ara	as shown in the barrer -	hovo			
Enter here and in block			noer group	as shown in the boxes a	oove.	\$		

	ID.			TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	O SECOND	ONE HUNDREI COMMUNITY/ AREA	0	SUBSCRIBER GROU	ED FIRST	ONE HUNDRE COMMUNITY/ AREA
Computa				COMMONTI I/ AREA				SOMMONTI I/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv Surchar			<u> </u>					
for								
Partiall							-	
Distan								
Station								
			<u></u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
			·				·	·
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	IP	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	IP	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<u> </u>					
			<u> </u>					
			<u> </u>					

	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Bross Receipts Third G

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY 	26690	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDR	ED FIFTH	SUBSCRIBER GROU	IP	ONE HUNDS	RED SIXTH	SUBSCRIBER GROUP)	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
						_		and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED S	SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		II	0.00	Total DSEs			0.00	
Total DSEs							_	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	bove.	\$		
	•	. ,						

LEGAL NAME OF OWNER OF CA CABLE ONE, INC.	BLE SYSTEM:				S	26690	Name
BLOCK	A: COMPUTATION C	F BASE RA	ATE FEES FOR EACH	H SUBSCRI	BER GROUP		
ONE HUNDRED NIN	TH SUBSCRIBER GRO	UP	ONE HUND	RED TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	9
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	07.22 0.07.	332		202	0.122 0.011	202	Base Rate Fee
							and
							Syndicated
							Exclusivity
							Surcharge for
	- <mark></mark>						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	
ONE HUNDRED ELEVEN	TH SUBSCRIBER GRO	UP	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	П	0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the base							

				TE FEES FOR EACH				
9		SUBSCRIBER GROU	IRTEENTH			SUBSCRIBER GROU	TEENTH	ONE HUNDRED THIR
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv								
Surchar								
for								
Partiall Distan								
Station								
Otation.								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	IXTEENTH :	ONE HUNDRED S	ΙP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
	0.00			Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	<u> </u>	oup	otal DSEs Fross Receipts Third Gr

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:					26690	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED SE	VENTEENTH	I SUBSCRIBER GRO	UP	ONE HUNDRED E	EIGHTEENTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ ARE.	Α		0	COMMUNITY/ AREA	Α		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	NINTEENTH	I SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	JP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
	rd Croup	· ·			rth Croup	¢	0.00	
Gross Receipts Thir	и отоир	\$	0.00	Gross Receipts Fou	iui Gioup	\$	<u> </u>	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Ade Enter here and in ble			criber group	as shown in the boxes	above.	\$		
		cpaco = (pago 1)				•		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	E SYSTEM:					26690	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	ITY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWENT	Y-SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	ΓΥ-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

and Syndicate Exclusivi Surcharge for Partially Distant	CABLE ONE, INC.	R OF CABL	E SYSTEM:				S'	26690	Name
COMMUNITY/AREA	В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
CALL SIGN DSE Base Rate Base Rate Fee Fourth Group Base Rate Fee Fourth Group Base Rate Fee Fourth Group Base Rate Fee Fee Fourth Group Base Rate Fee Fee Fee Fourth Group Base Rate Fee Fee Fee Fee Fee Fee Fee Fee Fee F	ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-SIXTH	SUBSCRIBER GROUP		^
CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	-
Syndicate Exclusivity Surchary For a control of the									Base Rate Fee
Secretary Secret									and
Surcharg for Partially Distant Stations Total DSEs O.00 Gross Receipts First Group S O.00 Base Rate Fee First Group S O.00 COMMUNITY: AREA O COMMUNITY: AREA O CALL SIGN DSE CA									Syndicated
Total DSEs Gross Receipts First Group Base Rate Fee First Group COMMUNITY/ AREA CALL SIGN DSE CALL SIGN									Exclusivity
Partially Distant Stations Total DSEs O.00 Gross Receipts First Group S. 0.00 Base Rate Fee First Group S. 0.00 ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O. COMMUNITY/ AREA O. COMMUNITY/ AREA O. CALL SIGN DSE CALL SIGN D									
Total DSEs Gross Receipts First Group Base Rate Fee First Group SOUND HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCCOMMUNITY/ AR						<u> </u>			Partially
Total DSEs O.00 Gross Receipts First Group SOUD Base Rate Fee First Group SOUD Base Rate Fee Second Group SOUD SOUD SOUD SOUD SOUD SOUD SOUD SOUD									Distant
Gross Receipts First Group Base Rate Fee First Group Base Rate Fee First Group COMMUNITY: AREA O CALL SIGN DSE CALL SIG									Stations
Gross Receipts First Group Base Rate Fee First Group Base Rate Fee First Group SOME HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OC									
Gross Receipts First Group Base Rate Fee First Group Base Rate Fee First Group SOME HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OC									
Gross Receipts First Group Base Rate Fee First Group Base Rate Fee First Group Some HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OC									
Gross Receipts First Group Base Rate Fee First Group Base Rate Fee First Group SOME HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OC									
Gross Receipts First Group Base Rate Fee First Group Base Rate Fee First Group SOME HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OC									
Gross Receipts First Group Base Rate Fee First Group Base Rate Fee First Group Some HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OC	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA	Gross Possints First G	roup.	¢		Gross Pagaints Sacan	d Group	¢	0.00	
ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DS	Gloss Receipts Filst Gi	Oup	P	0.00	Gross Receipts Secon	a Group	\$	0.00	
COMMUNITY/ AREA	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	ONE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	ITY-EIGHTH	SUBSCRIBER GROUP		
Total DSEs O.00 Gross Receipts Third Group Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00						<u> </u>			
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00						<u> </u>			
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Total DSEs			0.00	Total DSEs			0.00	
	Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above	Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above					••				
Enter here and in block 3, line 1, space L (page 7)				riber group	as shown in the boxes a	bove.	\$		

CABLE ONE, INC.	R OF CABL	E SYSTEM:				S\	26690	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		-
ONE HUNDRED TWEN	NTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THII	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
		_				_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u> </u>	0.00	Gross Receipts Fourth	Group	<u> </u>	0.00	
	'P"							
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		
						•		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 26690	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIRT	TY-FOURTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIN	DOL	OALL GIGIN	DOL	CALL SIGN	DOL	CALL CIGIV	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	26690	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-EIGHTH	SUBSCRIBER GROUP		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
Tatal BOE			0.00	Tatal BOEs			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIS	RTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	[\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes al	oove.	\$		

		SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF SUBSCRIBER GROUP		
9 Compute	0		T OLOGINA (COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv Surchar								
for								
Partial						-		
Distar								
Station						-		
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	Y-FOURTH S	ONE HUNDRED FOR		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED FOR
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
			_					
	0.00			Tatal DOFa	0.00			Tatal DOEs
	0.00		_	Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	otal DSEs Gross Receipts Third Gr

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED FORTY-SIXT
OMMUNITY/ AREA O COMMUNITY/ AREA
Compute of Base Rate Fee First Group See Rate Fee Second Group See Rate Fee Second Group See Rate Fee First Group See Rate Fee Second Group See Rate Fee First Group See Rate Fee Second Group See Rate Fee First Group See Rate Fee First Group See Rate Fee Second Group See Rate Fee First Group See Rate Fee Second Group See Rate Fee First Group See Rate Fee Second Group See Rate Fee First Group ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP OMMUNITY/ AREA OCMMUNITY/ AREA OCMMUNITY/ AREA
of Base Rate Fee First Group See Rate Fee Second Group See Rate Fee First Group See Rate Fee Second Group See Rate Fee First Group See Rate Fee Second Group See Rate Fee Second Group See Rate Fee Second Group See Rate Fee First Group See Rate Fee Second Group See Rate Fee First Group See Rate Fee Second Group See Rate Fee First
and Syndica Exclusive Surchart for Partial Distar Station tal DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Group \$ 0.00 Gross Re
Syndical Exclusive Surchar for Partial Distar Station tal DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00
Exclusion Surchar for Partial Distar Station tal DSEs
Surchai for Partial Distar Station tal DSEs
tal DSEs oss Receipts First Group see Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA
Partial Distar Station
Distar Station Ital DSEs O.00 OSS Receipts First Group See Rate Fee First Group Distar Station
tal DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP ONE HUNDRED FORT
oss Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0
oss Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0
oss Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0
oss Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0
oss Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0
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