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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
02/28/2020	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.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						
Period							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account covering the interest of this is the system's first filling. If not, enter the system's ID	ss of the cable syste on the last day of th unting period.	em. the accounting period should su				
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	CEQUEL COMMUNICATIONS LLC						
				03714120192			
				037141 2019/2			
	3015 S SE LOOP 323						
	TYLER, TX 75701						
	INSTRUCTIONS: In line 1, give any business or trade names used to i	identify the busine	ess and operation of the sys	tem unless these			
С	names already appear in space B. In line 2, give the mailing address o	of the system, if dif	ferent from the address giv	en in space B.			
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	' TYLER						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret com	munity served below and re	alist on nage 1h			
Area	with all communities.	only the hot com	indinity solved below and re	onst on page 15			
Served	CITY OR TOWN	STATE					
First	TYLER	TX					
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#			
Sample	Alda	MD	Α	1			
Campio	Alliance	MD	В	2			
	Gering	MD	В	3			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 037141 CEQUEL COMMUNICATIONS LLC 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 fillings. 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 **STATE** CH LINE UP SUB GRP# TX **TYLER** Α 1 **First** С ANDERSON COUNTY (UNINC) TX Community **BERRYVILLE** TX C **BULLARD (CHEROKEE CO)** 3 TX В **BULLARD (SMITH CO)** TX В 2 **CHANDLER** TX C 4 See instructions for В FLINT (UNINC) TX additional information on alphabetization. **FRANKSTON** TX C 4 **GRESHAM (UNINC)** TX В C JACKSON'S LANDING (UNINC) TX 4 LAKE PALESTINE EAST В 2 TX С LAKE PALESTINE WEST TX 4 LAKE TYLER TX В 2 **NEW CHAPEL HILL** В TX В 2 NOONDAY TX C 4 **RED ACKERS (UNINC)** TX Add rows as necessary. **SMITH COUNTY** TX Α 1 TYLER (UNINC) TX В 2 WHITEHOUSE TX Α 1

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
CEQUEL COMMUNICATIONS LLC
037141

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOC	K 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	29,976	\$ 34.99			
 Service to additional set(s) 					
 FM radio (if separate rate)),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Motel, hotel					
Commercial	1,719	\$ 34.99			
Converter					
Residential					
 Non-residential 					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$ 19.00	Motel, hotel			
 Pay cable—add'l channel 	\$ 19.00	Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$ 99.00	Burglar protection			
Additional set(s)	\$ 25.00	Other services:			
 FM radio (if separate rate) 		Reconnect	\$ 40.00		
Converter		Disconnect			
		Outlet relocation	\$ 25.00		
		 Move to new address 	\$ 99.00		

I	MMUNICATIO			SYSTEM ID 03714	Namo	
PRIMARY TRANSMI	ITTERS: TELEVISIO	ON				
carried by your cab FCC rules and regu 76.59(d)(2) and (4)	ole system during to ulations in effect on 1, 76.61(e)(2) and	he accounting n June 24, 19 (4), or 76.63 (g period, excep 981, permitting t referring to 76.6	ot (1) stations car the carriage of ce	ns and low power television stations) rried only on a part-time basis under ertain network programs [sections]; and (2) certain stations carried on a	G Primary
substitute program Substitute Bas				ns carried by you	r cable system on a substitute program	Transmitters: Television
basis under specifo	FCC rules, regula	ations, or auth	norizations:		, ,	relevision
	tion here in space ied only on a subs		st it in space I (t	he Special State	ment and Program Log)—if the	
List the station he	ere, and also in spa	ace I, if the st			stitute basis and also on some other) of the general instructions located	
in the paper SA		sian Do not	report origination	on nrogram servi	ces such as HBO, ESPN, etc. Identify	
each multicast stre cast stream as "WE	am associated wit	h a station ac	cording to its ov	ver-the-air desig	nation. For example, report multi- ach stream separately; for example	
			•		ation for broadcasting over-the-air in	
its community of lic on which your cabl	•		annel 4 in Was	hington, D.C. Th	is may be different from the channel	
Column 3: Indiceducational station (for independent m	cate in each case , by entering the le ulticast), "E" (for n	whether the setter "N" (for recommercial	network), "N-M" al educational),	(for network mul or "E-M" (for non	dependent station, or a noncommercial ticast), "I" (for independent), "I-M" (commercial educational multicast).	
					the paper SA3 form. Yes". If not, enter "No". For an ex-	
planation of local s	ervice area, see p	age (v) of the	general instruc	tions located in t	he paper SA3 form.	
-			-	•	5, stating the basis on which your entering "LAC" if your cable system	
carried the distant	station on a part-ti	me basis bec	ause of lack of	activated channe	el capacity.	
					Ity payment because it is the subject system or an association representing	
•					nary transmitter, enter the designa-	
, , ,			•	•	other basis, enter "O." For a further	
	e three categories	s, see page (v	 of the general 	Instructions loca	ated in the paper SA3 form.	
Column 6: Give	the location of ea	ach station. Fo	or U.S. stations.	, list the commur	nity to which the station is licensed by the	
FCC. For Mexican	or Canadian statio	ons, if any, giv	e the name of t	the community w	nity to which the station is licensed by the rith which the station is identifed.	
FCC. For Mexican	or Canadian statio	ons, if any, giv	e the name of t	the community w	rith which the station is identifed.	
	or Canadian statio	ons, if any, giv	e the name of t	the community we space G for each	rith which the station is identifed.	
FCC. For Mexican Note: If you are uti	or Canadian statio	ons, if any, giv	ve the name of t use a separate	the community we space G for each	rith which the station is identifed.	
FCC. For Mexican	or Canadian static lizing multiple cha 2. B'CAST CHANNEL	ons, if any, givennel line-ups, CHANNI 3. TYPE OF	ve the name of to use a separate	the community we space G for each AA 5. BASIS OF CARRIAGE	vith which the station is identifed.	_
FCC. For Mexican Note: If you are uti 1. CALL SIGN	or Canadian static lizing multiple cha 2. B'CAST CHANNEL NUMBER	ons, if any, giv nnel line-ups, CHANNI 3. TYPE OF STATION	ve the name of to use a separate EL LINE-UP 4. DISTANT? (Yes or No)	the community we space G for each	orith which the station is identifed. The channel line-up. 6. LOCATION OF STATION	_
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1	or Canadian static lizing multiple cha 2. B'CAST CHANNEL NUMBER	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I	ve the name of to use a separate EL LINE-UP 4. DISTANT? (Yes or No)	the community we space G for each AA 5. BASIS OF CARRIAGE	orith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION DALLAS, TX	
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1	or Canadian static lizing multiple cha 2. B'CAST CHANNEL NUMBER 4 27	ons, if any, giv nnel line-ups, CHANNI 3. TYPE OF STATION	ve the name of to use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No	AA 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DALLAS, TX TYLER, TX	
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1	2. B'CAST CHANNEL NUMBER 4 27 13	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I E	ve the name of to use a separate vise a separate vise a separate vise vise vise vise vise vise vise vis	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant)	ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX	1.000 10.6
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1	2. B'CAST CHANNEL NUMBER 4 27 13	ons, if any, given nel line-ups, CHANNI 3. TYPE OF STATION I E E-M	ve the name of to use a separate set. LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O	ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX	additional informatio
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3	2. B'CAST CHANNEL NUMBER 4 27 13 13.3	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M	ve the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes Yes	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4	2. B'CAST CHANNEL NUMBER 4 27 13 13.3 13.4 13	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M E-M	ve the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes Yes Yes	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4 KERA-HD1 KETK-1	2. B'CAST CHANNEL NUMBER 4 27 13 13.3	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M	ve the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes Yes	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4 KERA-HD1 KETK-1	2. B'CAST CHANNEL NUMBER 4 27 13 13.3 13.4 13	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M E-M	ve the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes Yes Yes	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	DALLAS, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-4 KERA-4 KERA-HD1 KETK-1 KETK-1	2. B'CAST CHANNEL NUMBER 4 27 13 13.3 13.4 13 56	ons, if any, given nel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M N	ve the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes Yes No	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4 KERA-HD1 KETK-1 KETK-2 KETK-HD1	2. B'CAST CHANNEL NUMBER 4 27 13 13.3 13.4 13.56 56.2	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M N I-M	ve the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes Yes No No No	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	DALLAS, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-3 KERA-4 KERA-HD1 KETK-1 KETK-1 KETK-1	2. B'CAST CHANNEL NUMBER 4 27 13 13.3 13.4 13 56 56.2 56	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M N I-M	ve the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes Yes No No No No No No No No No N	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4 KERA-HD1 KETK-1 KETK-2 KETK-HD1 KFXK-1	or Canadian static lizing multiple cha	ons, if any, given nel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M N I-M N-M I	ve the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes No	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	ith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4 KERA-HD1 KETK-1 KETK-1 KETK-1 KETK-1 KETK-1 KETK-HD1 KFXK-1 KFXK-HD1	2. B'CAST CHANNEL NUMBER 4 27 13 13.3 13.4 13 56 56.2 56 51	ons, if any, given nel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M N I-M N-M I I-M	ve the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes No	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	DALLAS, TX LORGNIEW, TX LONGVIEW, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-3 KERA-4 KERA-HD1 KETK-1 KETK-1 KETK-1 KFXK-HD1 KFXK-HD1 KFXK-HD1 KFXK-HD1 KKTX-HD1	2. B'CAST CHANNEL NUMBER 4 27 13 13.3 13.4 13 56 56.2 56 51 51	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M N I-M N-M I I-M N	ve the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes No No No No No No No No No N	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX LOBERT TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4 KERA-HD1 KETK-1	2. B'CAST CHANNEL NUMBER 4 27 13 13.4 13.56 56.2 56 51 7 7.2 7.3	ons, if any, given nel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M N I-M N-M I I-M N I-M I-M N I-M I-M N I-M I-M N I-M	ve the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes No	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	ith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX	additional informatio
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-4 KERA-4 KERA-HD1 KETK-1 KETK-1	2. B'CAST CHANNEL NUMBER 4 27 13 13.3 13.4 13 56 56.2 56 51 7 7.2	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M N I-M N-M I I-M N I-M N-M I-M I-M N-M I-M I-M I-M N-M I-M I-M I-M	re the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes No	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	ith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4 KERA-HD1 KETK-1 KETK-1 KETK-1 KETK-1 KETK-2 KETK-HD1 KLTV-1 KLTV-1 KLTV-1 KLTV-1	2. B'CAST CHANNEL NUMBER 4 27 13 13.3 13.4 13 56 56.2 56 51 7 7.2 7.3	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I I E E-M E-M N I-M N-M I I-M N-M I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	re the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes No No No No No No No No No N	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	ith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX LONGVIEW, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX TYLER, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4 KERA-HD1 KETK-1 KETK-1 KETK-1 KETK-1 KETK-1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-HD1 KLTV-HD3 KTPN-1	2. B'CAST CHANNEL NUMBER 4 27 13 13.4 13.56 56.2 56 51 7 7.2 7.3 7 7.3 47	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I E E-M E-M N I-M N-M I I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	ve the name of touse a separate vue	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	ith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX TYLER, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4 KERA-HD1 KETK-1 KETK-1 KETK-1 KETK-2 KETK-HD1 KLTV-1 KLTV-1 KLTV-2 KLTV-3 KLTV-HD1 KLTV-HD3 KTPN-HD1	2. B'CAST CHANNEL NUMBER 4 27 13 13.4 13.56 56.2 56 51 7 7.2 7.3 7 7.3 47	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I I E E-M E-M N I-M I I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	re the name of touse a separate set use a separate set. LINE-UP 4. DISTANT? (Yes or No) No	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	ith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX TYLER, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4 KERA-HD1 KETK-1 KETK-1 KETK-1 KETK-2 KETK-HD1 KLTV-1 KLTV-1 KLTV-1 KLTV-1 KLTV-HD1 KLTV-HD3 KTPN-HD1 KYTX-1	2. B'CAST CHANNEL NUMBER 4 27 13 13.3 13.4 13 56 56.2 56 51 7 7.2 7.3 7 7.3 47 47	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I I E E-M E-M N I-M	re the name of touse a separate LUNE-UP 4. DISTANT? (Yes or No) No No No Yes Yes Yes No	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	ith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX TYLER, TX NACOGDOCHES, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4 KERA-HD1 KETK-1 KETK-1 KFXK-HD1 KLTV-1 KLTV-2 KLTV-3 KLTV-HD1 KLTV-HD3 KTPN-1 KTPN-HD1 KYTX-1 KYTX-1	2. B'CAST CHANNEL NUMBER 4 27 13 13.3 13.4 13 56 56.2 56 51 7 7.2 7.3 7 7.3 47 47 19 19.2	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I I E E-M E-M N I-M I I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	ve the name of touse a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes Yes No	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	ith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX TYLER, TX NACOGDOCHES, TX NACOGDOCHES, TX	additional information
FCC. For Mexican Note: If you are uti 1. CALL SIGN KDFW-1 KDKJ-1 KERA-1 KERA-3 KERA-4 KERA-HD1 KETK-1 KETK-1 KETK-1 KETK-2 KETK-HD1 KLTV-1 KLTV-1 KLTV-2 KLTV-3 KLTV-HD1 KLTV-HD3 KTPN-HD1	2. B'CAST CHANNEL NUMBER 4 27 13 13.3 13.4 13 56 56.2 56 51 7 7.2 7.3 7 7.3 47 47	ons, if any, givennel line-ups, CHANNI 3. TYPE OF STATION I I E E-M E-M N I-M	re the name of touse a separate LUNE-UP 4. DISTANT? (Yes or No) No No No Yes Yes Yes No	the community we space G for each AA 5. BASIS OF CARRIAGE (If Distant) O O O	ith which the station is identifed. ch channel line-up. 6. LOCATION OF STATION DALLAS, TX TYLER, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX JACKSONVILLE, TX JACKSONVILLE, TX JACKSONVILLE, TX LONGVIEW, TX TYLER, TX NACOGDOCHES, TX	additional informatio

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 037141 **CEQUEL COMMUNICATIONS LLC** 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 **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 othe 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 ir 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable systen 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) KDFW-1 4 Yes 0 DALLAS, TX KERA-1 0 13 Ε Yes DALLAS, TX See instructions for DALLAS, TX additional information KERA-3 13.3 E-M Yes 0 on alphabetization. 13.4 E-M Yes 0 KERA-4 DALLAS, TX 13 KERA-HD1 Yes E-M Е DALLAS, TX KETK-1 56 Ν No JACKSONVILLE, TX I-M KETK-2 56.2 No JACKSONVILLE, TX KETK-HD1 56 N-M No JACKSONVILLE, TX KFXK-1 No LONGVIEW, TX 51 ı KFXK-HD1 51 I-M No LONGVIEW, TX KLTV-1 No 7 Ν TYLER, TX KLTV-2 7.2 I-M No TYLER, TX KLTV-3 7.3 I-M No TYLER, TX KLTV-HD1 7 N-M No TYLER, TX KLTV-HD3 7.3 I-M No TYLER, TX 47 No TYLER, TX KTPN-1 KTPN-HD1 47 I-M No TYLER, TX NACOGDOCHES, TX KYTX-1 19 Ν No KYTX-2 19.2 I-M NACOGDOCHES, TX No NACOGDOCHES, TX KYTX-3 19.3 No KYTX-HD1 19 N-M No NACOGDOCHES, TX

G

Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC 037141

RIMARY TRANSMITTERS: TELEVISION

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

Substitute basis Stations: with respect to any instant station's carried by your capies system on a substitute progribasis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the pages SAS form.

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 WFTA-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), "1" (for independent), "1-M" (for network multicast), "2" (for independent), "1-M" (for network multicast), "2" (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 ex-

planation 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.

carried the distant station on a part-time basis because of lack of activated channels 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 on an association representing the cable system and a primary transmitter, enter the designation "E" (exempt), For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KAZD-1	55	I	No	(ii Diotaint)	LAKE DALLAS, TX
KDAF-1	33	I	No		DALLAS, TX
KDAF-2	33.2	I-M	No		DALLAS, TX
KDAF-3	33.3	I-M	No		DALLAS, TX
KDAF-3 KDAF-HD1	33.3	I-M	No		DALLAS, TX
KDFI-1	27	I-IVI	No		1
KDFI-1 KDFI-2	27.2	I-M	No No		DALLAS, TX
					DALLAS, TX
KDFI-3	27.3	I-M	No		DALLAS, TX
KDFI-HD1	27	I-M	No 		DALLAS, TX
KDFW-1	4		No		DALLAS, TX
KDFW-HD1	4	I-M	No		DALLAS, TX
KDTN-1	2	E	Yes	0	DENTON, TX
KDTN-HD1	2	E-M	Yes	E	DENTON, TX
KDTX-1	58	I	No		DALLAS, TX
KERA-1	13	E	Yes	0	DALLAS, TX
KERA-3	13.3	E-M	Yes	0	DALLAS, TX
KERA-4	13.4	E-M	Yes	0	DALLAS, TX
KERA-HD1	13	E-M	Yes	E	DALLAS, TX
KFWD-1	52	ı	No		FORT WORTH, TX
KFWD-HD1	52	I-M	No		FORT WORTH, TX
KLTV-1	7	N	No		TYLER, TX
KLTV-2	7.2	I-M	No		TYLER, TX
KLTV-HD1	7	N-M	No		TYLER, TX
KMPX-1	29	ı	No		DECATUR, TX
KMPX-HD1	29	I-M	No		DECATUR, TX
KPXD-1	68	ı	No		ARLINGTON, TX
KPXD-HD1	68	I-M	No		ARLINGTON, TX
KSTR-1	49	I	No		IRVING, TX
KSTR-HD1	49	I-M	No		IRVING, TX
KTVT-1	11	N	No		FORT WORTH, TX
KTVT-2	11.2	I-M	No		FORT WORTH, TX
KTVT-HD1	11	N-M	No		FORT WORTH, TX
KTXA-1	21	I - IVI	No		FORT WORTH, TX
KTXA-I KTXA-HD1	21	I-M	No		FORT WORTH, TX
KTXD-1	1	I-IVI I	No No		GREENVILLE, TX
	47	I-M	No No		1
KTXD-HD1	•				GREENVILLE, TX
KUVN-1	23		No		GARLAND, TX
KUVN-HD1	23	I-M	No 		GARLAND, TX
KXAS-1	5	N	No 		FORT WORTH, TX
KXAS-2	5.2	I-M	No 		FORT WORTH, TX
KXAS-HD1	5	N-M	No		FORT WORTH, TX
KXTX-1	39	I	No		DALLAS, TX
KXTX-2	39.2	I-M	No		DALLAS, TX
KXTX-HD1	39	I-M	No		DALLAS, TX
WFAA-1	8	N	No		DALLAS, TX
WFAA-3	8.3	I-M	No		DALLAS, TX
WFAA-4	8.4	I-M	No		DALLAS, TX
NFAA-HD1	8	N	No		DALLAS, TX

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **CEQUEL COMMUNICATIONS LLC** 037141 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 SASE. PAGE 5.						ACCOUNTING	PERIOD: 2019/2
LEGAL NAME OF OWNER OF CEQUEL COMMUNICA					S	037141	Name
SUBSTITUTE CARRIAGING General: In space I, identicular substitute basis during the a	tify every no	nnetwork televi	sion program broadcast by	a distant statio			ı
explanation of the programm form.	0.	, ·	•	, ,	•		Substitute
1. SPECIAL STATEMEN	T CONCER	RNING SUBS	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.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	ust complete the progra	m	Program Log
2. LOG OF SUBSTITUTE	PROGRA	AMS					
In General: List each subs clear. If you need more spa				wherever po	ssible, if their meaning is	5	
	of every no	nnetwork telev	vision program (substitute			ition	
under certain FCC rules, re	gulations, d	or authorization	ns. See page (vi) of the ge	neral instructi	ons located in the paper		
SA3 form for futher informa				r "basketball"	List specific program		
	m was broa	dcast live, ente	er "Yes." Otherwise enter "				
			asting the substitute progra he community to which the		ensed by the FCC or. in		
the case of Mexican or Car	nadian statio	ons, if any, the	community with which the	station is ide	entified).		
Column 5: Give the mor first. Example: for May 7 gi	-	when your sys	stem carried the substitute	program. Us	e numerals, with the mo	nth	
Column 6: State the tim	es when the		ogram was carried by your			ely	
to the nearest five minutes stated as "6:00–6:30 p.m."	. Example: a	a program carr	led by a system from 6:01	:15 p.m. to 6:	28:30 p.m. should be		
Column 7: Enter the lett			was substituted for progr			d	
to delete under FCC rules a gram was substituted for pr	•		0		•		
effect on October 19, 1976		g triat your oyot	om was permitted to delet	o under 1 00	raico ana regulationo in		
				WHE	EN SUBSTITUTE		
S	UBSTITUT	E PROGRAM	1	1 1	IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
						ļ	
					<u> </u>	ļ	
					_	,	
					_	,	
						·	
					_		
					_		
					_		
					_		
							1

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **CEQUEL COMMUNICATIONS LLC** 037141 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 parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give · State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation 'app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE DATE **FROM** TO **FROM** TO

	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CE	QUEL COMMUNICATIONS LLC	037141	Name
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y imounts (gross receipts) paid to your cable system by subscribers for the system's secon identifed in space E) during the accounting period. For a further explanation of how to co e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	dary transmission service mpute this amount, see	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 7,665,009.53 (Amount of gross receipts)	
InstruConConIf youfeeIf youaccord	(RIGHT ROYALTY FEE ictions: Use the blocks in this space L to determine the royalty fee you owe: inplete block 1, showing your minimum fee. inplete block 2, showing whether your system carried any distant television stations. But system did not carry any distant television stations, leave block 3 blank. Enter the amount of the system did carry any distant television stations, you must complete the applicable part of system did carry any distant television stations, you must complete the applicable part of the system did carry any distant television stations, you must complete the applicable part of the system did carry and attach the schedule to your statement of account.	ts of the DSE Schedule	L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be er elow.	ntered on line 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered on line	
Block 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.	is 1.064 percent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 7,665,009.53	
	This is your minimum fee.	\$ 81,555.70	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "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 continued the properties of the properties o	n 4, you must check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 61,986.49	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	2,195.78	
	Line 3. Add lines 1 and 2 and enter here	\$ 64,182.27	
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,	\$ 81,555.70	
	whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	Cable systems submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 82,280.70	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions tal	,	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC SYSTEM 037	
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone 903-579-3121	
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
	TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Alan Dannenbaum	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: February 18, 2020	

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 the 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 telephon 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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
CEQUEL COMMUNICATIONS LLC	037141	Name			
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below					
Name Mailing Address Mailing Address Mailing Address Mailing Address					
INTEREST ASSESSMENTS					
You must complete this worksheet for those royalty payments submitted as a result of a late payment 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	v	Interest Assessment			
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- x days				
Line 3 Multiply line 2 by the number of days late and enter the sum here	× 0.00274				
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- (interest charge)				
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.					
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.					
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Coplease list below the owner, address, first community served, accounting period, and ID number a filing.					
Owner Address					
First community served					
Accounting period					
ID number					

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE, PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
• Noncommercial educational: its type-value is	0.25

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

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

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

 1.064% of gross receipts

 Each of the second, third, and fourth DSEs

 0.701% of gross receipts

 The fifth and each additional DSE
 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

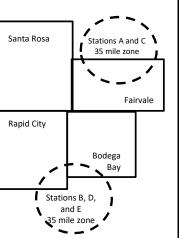
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



Distant Stations Carrie	ed	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6 384 00

\$120,000.00
1.389
\$1,604.03
1,276.80
327.23
\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

1	LEGAL NAME OF OWNER OF CABL	S	SYSTEM ID# 037141					
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	2.00						
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).							
of DSEs for	In the column headed "DSE" mercial educational station, given	": for each indep ve the DSE as ""	25."		ach network or noncom-			
Category "O"	OALL CION	DOE I	CATEGORY "O" STATION		CALL CION	DOE		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	KDFW-1	1.000						
	KDTN-1	0.250						
	KERA-1	0.250						
	KERA-3	0.250						
	KERA-4	0.250						
Add rows as								
necessary.								
Remember to copy all								
formula into new								
rows.								
				ļ				
		l		1 11				

Name		WNER OF CABLE SYSTEM:	^				S	YSTEM ID#
	CEQUEL CO	MMUNICATIONS LL						037141
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	It the call sign of all distate: For each station, give the correspond with the information of the correspond with the information of the color of t	ne number of hou mation given in spectal number of the figure of the figure nal point. This is the figure figure from a first the figure from a first figure from 4 by the figure from 4 by the figure from 1 figure	rs your cable systemace J. Calculate on f hours that the state in column 3, and the "basis of carriagype-value" as "1.0." are in column 5, and the incolumn 5, and the	m carried the stat hly one DSE for e ion broadcast ove give the result in o e value" for the si For each networ	ion during the accounting ach station. er the air during the accord decimals in column 4. Th	unting period. is figure must cational station, ess than the	
Capacity		C	ATEGORY LA	AC STATIONS:	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	IRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		6. DS	SE.
			÷		=	<u>x</u>	=	
						x x		
			÷			x		
			÷		=	x	=	
			÷		= = =	<u>x</u>		
			÷		=	x x	=	
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of pa		lule,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference broadcast of space I). Column 2: For at your option. Column 3: Eolumn 4: I	ct on October 19, 1976 (and or more live, nonnetwoner or each station give the This figure should correst inter the number of days Divide the figure in column his is the station's DSE	itution for a progra as shown by the l ork programs durin number of live, no spond with the info in the calendar y in 2 by the figure in (For more informa	am that your systen etter "P" in column in that optional carronnetwork program ormation in space Lear: 365, except in in column 3, and gration on rounding, s	n was permitted to 7 of space I); and iage (as shown by s carried in subst a leap year. ye the result in co ee page (viii) of th	o delete under FCC rules the word "Yes" in column 2 itution for programs that flumn 4. Round to no less the general instructions in	of were deleted	m).
		SU				TION OF DSEs	1	1
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		=		-		=
		÷ ÷				÷		=
		÷		=		÷		=
		÷		=		÷		=
	Add the DSEs of	OF SUBSTITUTE-BASI of each station. m here and in line 3 of pa		lule,		0.00		
5		R OF DSEs: Give the ame		es in parts 2, 3, and	4 of this schedule	and add them to provide	the total	
Total Number	1. Number of	DSEs from part 2 ●				•	2.00	
of DSEs		DSEs from part 3 ●					0.00	
	3. Number of	DSEs from part 4 ●				·	0.00	
	TOTAL NUMBE	R OF DSEs						2.00

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

	WNER OF CABLE S						S'	YSTEM ID# 037141	Name
	ck A must be comp	oleted.							
,	"Yes," leave the re	mainder of pa	art 6 and part	7 of the DSE sched	dule blank and	d complete par	t 8, (page 16) of th	ie	6
chedule. If your answer if	"No," complete blo	cks B and C	below.						
			BLOCK A:	TELEVISION M	ARKETS				Computation of 3.75 Fee
s the cable syster effect on June 24,	,	utside of all m	najor and sma	ller markets as defi	ned under se	ction 76.5 of F	CC rules and regu	lations in	3.73166
<u> </u>			O NOT COM	PLETE THE REMA	INDER OF PA	ART 6 AND 7.			
X No—Comp	olete blocks B and	C below.							
		BLOC	CK B: CARE	RIAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations e DSE Scheo	ns prior to Jui dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For ful ne letter M below re Act of 2010.)	rther explanat	tion 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 Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre	rles and reguled pursuant to on as defined al educationa d station (76.6 or DSE sched ant to individu viously carrie	ations cited boot the FCC ma l in 76.5(kk) (7 il station [76.5 55) (see paragule). lal waiver of F d on a part-tin ithin grade-B	ne or substitute bas contour, [76.59(d)(5	se in effect on 6.57, 76.59(b) e)(1), 76.63(a) 63(a) referring estitution of gradies	June 24, 1987, 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered st	76.63(a) referring to		
Column 3:	*(Note: For those this schedule to contact the schedule	e stations ide	ntified by the I	parts 2, 3, and 4 cetter "F" in column 2. PERMITTED		omplete the w	2. PERMITTED	14 of 3. DSE	
SIGN KDTN-1	BASIS	0.25	SIGN	BASIS		SIGN	BASIS		
KERA-1	С	0.25							
KERA-3	M	0.25							
KERA-4	М	0.25							
						<u> </u>		4.00	
								1.00	-
		В	LOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from լ	part 5 of this	schedule					
ine 2: Enter the	sum of permittee	d DSEs from	n block B abo	ove			0		
				of DSEs subject 7 of this schedule		rate.			
ne 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the
ne 5: Multiply I	ine 4 by 0.0375 a	and enter su	m here				ur-		partially permited/ partially
ine 6: Enter tota	al number of DSE	Es from line	3				X		nonpermitted carriage? If yes, see pa 9 instructions
			I P	2, block 3, space	. I (nogo 7)			0.00	

EGAL NAME OF C	IMUNICATION				S'	YSTEM ID# 037141	Name
1. CALL	2. PERMITTED	A: TELEVIS	ON MARKETS 2. PERMITTED	1	2. PERMITTED	3. DSE	6
SIGN	BASIS	SIGN	BASIS	SIGN	BASIS		Computation o
							3.75 Fee

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 037141 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Schedule for Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 5. PRESENT 6. PERMITTED 4. BASIS OF SIGN DSE PERIOD CARRIAGE 7 Instructions: Block A must be completed. In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the **Syndicated BLOCK A: MAJOR TELEVISION MARKET** Exclusivity Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X No—Proceed to part 8 Yes—Complete blocks B and C . BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 037141	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	7,665,009.53	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Distance is a section 3b blank.	QE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	OL	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
		_	
	D. Multiply line B by line C and enter here E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
	Sylvatoria Experience Sylvatoria Government of the Control of the		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Di is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	(CEQUEL COMMUNICATIONS LLC	037141							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)								
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _								
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge. \$	<u> </u>							
	Instru	ctions:								
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	art							
		checked Tes, use the total number of DSLs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation	_	rr answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	I							
of Base Rate Fee	• If you blank	rr answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	low							
		s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers								
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc e area," see page (v) of the general instructions.	al							
	301 1100	, area, see page (v) or the general mondedions.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	TIALLY DISTANT STATIONS							
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$								
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)								
	Section									
	3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts								
		(the amount in section 1)								
		B. Enter 0.00701 of gross receipts								
		(the amount in section 1)								
		C. Subtract 1.000 from total DSEs								
		(the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here								
		E. Add lines A, and D. This is your base rate fee. Enter here								
		and in block 3, line 1, space L (page 7)	0.00							
		Base Rate Fee								

	EDULE. PAGE 17.		5 PERIOD: 2019/2
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CEQU	EL COMMUNICATIONS LLC	037141	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		_
4	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) ▶ \$		
	B. Enter 0.00701 of gross receipts		
	(the amount in section 1) \$		Computation of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here >		
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	Dase Nate 1 ce		
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broa		
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip Space G.	le channel line-	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate		Computation
	from subscribers located within the station's local service area, from your system's total gross receipts. To tal lusion, you must:	ke advantage of	of
uns exc	iusion, you must.		Base Rate Fee and
	iivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Detern		Cyndicated
	nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity Surcharge
Finally:	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
must als	If any portion of your cable system is located within the top 100 television market and the station is not exemp so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block Aer, if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant	station you	Stations
	to that community. For each wholly distant and each partially distant station you carried, determine which of your subscribers we	re located	
outside	the station's local service area. A subscriber located outside the local service area of a station is distant to the token, the station is distant to the subscriber.)		
subscrib	Divide your subscribers into subscriber groups according to the complement of stations to which they are distored group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your per groups.	system's	
	section:		
• Identif	y the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to pers in the group.	o all of the	
• If:		.,	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave f this schedule; or,	e it in parts 2, 3,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it 6 of this schedule.	in block B,	
• Add th	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	eral instructions	
page. I DSEs fo	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do not tual calculations on the form.	that is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 037141 **CEQUEL COMMUNICATIONS LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF CEQUEL COI								S	037141	Name		
	В		COMPUTATION OF		TE FEES FOR	EACH						
		FIRST	SUBSCRIBER GROU	Р	SECOND SUBSCRIBER GROUP					9		
COMMUNITY/ A	REA	SUBSCI	RIBER GROUP 1	IBER GROUP 1			COMMUNITY/ AREA SUBSCRIBER GROUP 2					
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	Computation of			
KERA-1	С	0.25	CALL SIGN	DOL	KERA-1	С	0.25	CALL SIGN	DSE	Base Rate Fee		
KERA-3	M	0.25			KERA-3	M	0.25			and		
KERA-4	M	0.25	-		KERA-4	M	0.25	-		Syndicated		
										Exclusivity		
										Surcharge		
										for		
										Partially		
										Distant		
										Stations		
								-				
												
Total DSEs				0.75	Total DSEs				0.75			
Gross Receipts F	First Gr	oup	\$ 6,244	,745.83	Gross Receipts	Second	d Group	\$ 1,0)53,546.68			
Base Rate Fee F	First Gr	oup	\$ 49	,833.07	Base Rate Fee	Second	l Group	\$	8,407.30			
		THIRD	SUBSCRIBER GROU	Р			FOURTH	SUBSCRIBER GRO	UP			
COMMUNITY/ A	REA	SUBSCI	RIBER GROUP 3		COMMUNITY/	AREA	SUBSCR	IBER GROUP 4				
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE			
KERA-1	С	0.25			KDTN-1	С	0.25					
KERA-3	M	0.25			KERA-1	С	0.25					
KERA-4	M	0.25			KERA-3	M	0.25					
					KERA-4	M	0.25	-				
			-									
			-					-				
			-					-				
Total DSEs				0.75	Total DSEs				1.00			
Gross Receipts 1	Γhird G	roup	\$ 58	,554.14	Gross Receipts	Fourth	Group	\$ 3	808,162.88			
Base Rate Fee ∃	Γhird G	roup	\$	467.26	Base Rate Fee	Fourth	Group	\$	3,278.85			
Base Rate Fee: Enter here and ir			e fees for each subscri	iber group a	as shown in the bo	oxes abo	ove.	s	61,986.49			
Little in the and in	. DIOUK	o,o 1, 5	paso L (page 1)					*	J.,500.43			

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE			•	miliou o.70 oluli		S	STEM ID# 037141	Name
E				TE FEES FOR EACH				
		SUBSCRIBER GROU	Р		Р	9		
COMMUNITY/ AREA	SUBSC	RIBER GROUP 1		COMMUNITY/ AREA	SUBSC	RIBER GROUP 2		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.1.2.2.10.1								Base Rate Fee
								and
								Syndicated
		-				- -		Exclusivity
		-						Surcharge
							···	for Partially
		-				-		Distant
		-				H		Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
							•	
Gross Receipts First G	roup	\$ 6,244	,745.83	Gross Receipts Second	d Group	\$ 1,05	3,546.68	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	SUBSC	RIBER GROUP 3		COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KDFW-1	1.00	-						
		-						
						-		
		-				-		
		-						
	<u></u>							
		-				H		
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 58	,554.14	Gross Receipts Fourth	Group	\$ 30	8,162.88	
Base Rate Fee Third G	Group	\$ 2	,195.78	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne base rat e	e fees for each subscr	iber group a	as shown in the boxes ab	ove.			
Enter here and in block						\$	2,195.78	

ACCOUNTING PERIOD: 2019/2

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID							
Name	CEQUEL COMMUNICATIONS LLC 03714							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of	First 50 major television market Second 50 major television market							
Base Rate Fee	INSTRUCTIONS:							
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of							
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.							
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 							
	FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs							
ı	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	SYNDICATED EXCLUSIVITY SURCHARGE First Group							
	THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge							
	computation computation							
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)							