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

Return completed workbook by email to:

coplicsoa@loc.gov

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

prporation, give the full co ccounting period should st Licensing Division.	submit	<u>37590</u> 2019/2 2019/2
ccounting period should st	submit	2019/2
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FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

03/19/2020

for Secondary Transmissions by Cable Systems (Long Form)

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

Α	ACCO	CCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting		2019/2	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)			
Period						

	INSTR	RUCTIONS:	Τ							
в	Give	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full								
Owner	corporate title of the subsidiary, not that of the parent corporation.									
	In line 2, list any other names under which the owner conducts the business of the cable system.									
	If the	re were different owners during the accounting period, only the owner on the last day of the accounting period should submit								
	a sin	gle statement of account and royalty fee payment covering the entire accounting period.	BARCOD							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 37590	Filing Perio							
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	1							
		CNMI Cablevision LLC								
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):								
		DOCOMO PACIFIC								
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:								
		890 S. Marine Corps Drive								
		(Number, street, rural route, apartment, or suite number)								
		Tamuning, Guam 96913								
		(City, town, state, zip)	4							
	INCTO	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	-							
		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
с	names	s aneady appear in space b. In fine 2, give the maining address of the system, in unierent nom the address given in space b.								
System	1	IDENTIFICATION OF CABLE SYSTEM:								
	1									
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite number)								
	2	(realines, surger, rural noure, againment, or some nomber)								
		(City, town, state, zip code)	-							

E	BLOO			T			
		NO. OF					
	CATEGORY OF SERVICE	SUBSCRIBERS	RATE				
Secondary	Residential:						
Transmission	 Service to first set 	1,215	95.00				
Service: Sub-	· Service to additional set(s)						
scribers and	 FM radio (if separate rate) 						
Rates	Motel, hotel	635	15.79				
	Commercial			ĺ			
	Converter			ĺ			
	Residential						
	Non-residential						
	Homesidenia		•••••				
		1	1	1			
			BLOCK 1			1	
	CATEGORY OF SERVICE	RATE	CATEGORY O	F SERVICE	RATE		
F	Continuing Services:		Installation: N				
	Pay cable	17.00		Motel, hotel			
Services	Pay cable—add'l channel			Commercial		1	
Other Than	Fire protection			Pay cable		1	
Secondary	•Burglar protection			Pay cable-add'l channel		1	
Fransmissions:	Installation: Residential			Fire protection		1	
Rates	First set	38.20		Burglar protection		1	
	Additional set(s)		Other services			1	
	 FM radio (if separate rate) 			Reconnect	38.20		
	Converter			Disconnect		1	
			1	Outlet relocation	38.20	1	
		1		Move to new address	38.20	1	
M Channels	Instructions: You must give (1) to its subscribers and (2) the ca 1. Enter the total number of cha system carried television broa	ble system's total	number of activ			st stations	
	to its subscribers and (2) the ca 1. Enter the total number of cha	ble system's total nnels on which the dcast stations	number of activ				
	to its subscribers and (2) the ca 1. Enter the total number of cha system carried television broa	ble system's total nnels on which the dcast stations vated channels rried television bro	number of active cable	vated channels, during the			
	to its subscribers and (2) the ca 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system can	ble system's total nnels on which the dcast stations vated channels rried television bro rED IF FURTHER	number of active	vated channels, during the	accounting period.	5	
Channels N Individual to Be Contacted for Further	to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system cal and nonbroadcast services . INDIVIDUAL TO BE CONTACT	ble system's total nnels on which the dcast stations vated channels rried television bro TED IF FURTHER ment of account.)	number of active a cable adcast stations	vated channels, during the	accounting period.	5	
Channels N Individual to Be Contacted	to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater	ble system's total nnels on which the dcast stations vated channels rried television bro rED IF FURTHER ment of account.)	number of activ a cable adcast stations INFORMATIO	vated channels, during the	accounting period.	5 228	
Channels N Individual to Be Contacted for Further	to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name	ble system's total nnels on which thu dcast stations vated channels rried television bro TED IF FURTHER ment of account.) James W. Hc 890 S. Marin (Num Tamuning, G	number of active	vated channels, during the s N IS NEEDED: (Identify an ve route, apartment, or suite nu	accounting period.	5 228 +1 671 688 2355	
Channels N Individual to Be Contacted for Further	to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name	ble system's total nnels on which thu dcast stations vated channels rried television bro TED IF FURTHER ment of account.) James W. Hc 890 S. Marin (Num Tamuning, G	number of activ a cable adcast stations INFORMATIO ofman, II e Corps Dri ber, street, rural usam 96913 town, state, zip)	vated channels, during the s N IS NEEDED: (Identify an ve route, apartment, or suite nu	accounting period.	5 228 +1 671 688 2355	
Channels N Individual to Be Contacted for Further	to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address	ble system's total nnels on which the dcast stations vated channels rried television bro FED IF FURTHER nent of account.) James W. Hc 890 S. Marin (Num Tamuning, G (City, jhofman@dc	number of activ a cable adcast stations inFORMATIO pfman, II a Corps Dri ber, street, rura um 96913 town, state, zp) comopacifi ape certified and a an electronic	vated channels, during the s N IS NEEDED: (Identify an ve route, apartment, or suite nu c.c.com signed in accordance with "/s/" signature (e.g., (s/s/)	accounting period.	5 228 +1 671 688 2355	
Channels N Individual to Be Contacted Information	to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form wil	ble system's total nnels on which the dcast stations vated channels rried television bro FED IF FURTHER nent of account.) James W. Hc 890 S. Marin (Num Tamuning, G (City, jhofman@dc	number of activ a cable adcast stations inFORMATIO pfman, II a Corps Dri ber, street, rura um 96913 town, state, zp) comopacifi ape certified and a an electronic	vated channels, during the s N IS NEEDED. (Identify an ve route, apartment, or suite nu cc.com signed in accordance with "/s/" signature (e.g., /s/John	accounting period.	5 228 +1 671 688 2355 ::gulations.) forget to enter an electronic	
Channels N Individual to Be Contacted Information	to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system can and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form wil	ble system's total nnels on which the dcast stations vated channels rried television bro FED IF FURTHER nent of account.) James W. Hc 890 S. Marin (Num Tamuning, G (City, jhofman@dc	number of activ e cable adcast stations inFORMATIO pfman, II e Corps Dri be: street, rural uam 96913 toom, state, zip) comopacifit see certified and a an electronic e signature bo Typed or prin Title:	vated channels, during the s N IS NEEDED. (Identify an ve route, apartment, or suite nu cc.com signed in accordance with "/s/" signature (e.g., /s/John	accounting period.	5 228 +1 671 688 2355	

Total Gross Receipts	\$ 648,899.00
	ОК
Subgroup Gross Receipts Total	\$ 648,899.00

Subgroup		Subgroup/Community Name	oss Receipts
FIRST	1		\$ 648,899.00
SECOND	2		
THIRD	3		
FOURTH	4		
FIFTH	5		
SIXTH	6		
SEVENTH	7		
EIGHTH	8		
NINTH	9		
TENTH	10		
ELEVENTH	11		
TWELVTH	12		
THIRTEENTH	13		
FOURTEENTH	14		
FIFTEENTH	15		
SIXTEENTH	16		
SEVENTEENTH	17		
EIGHTEENTH	18		
NINTEENTH	19		
TWENTIETH	20		
TWENTY-FIRST	21		
TWENTY-SECOND	22		
TWENTY-THIRD	23		
TWENTY-FOURTH	24		
TWENTY-FIFTH	25		
TWENTY-SIXTH	26		
TWENTY-SEVENTH	27		
TWENTY-EIGHTH	28		
TWENTY-NINTH	29		
THIRTIETH	30		
THIRTY-FIRST	31		
THIRTY-SECOND	32		
THIRTY-THIRD	33		
THIRTY-FOURTH	34		
THIRTY-FIFTH	35		
THIRTY-SIXTH	36		
THIRTY-SEVENTH	37		
THIRTY-EIGHTH	38		
THIRTY-NINTH	39		
FORTIETH	40		

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
KUAM	8	Ν	Agana, Guam	0.250	
KUAM-LP	11	Ν	Agana, Guam	0.250	
KEQI-LP	6	I.	Dededo, Guam	1.000	
KTGM	7	Ν	Tamuning, Guam	0.250	
KSPN2	2	Ν	Garapan, MP	0.250	
				#N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A #N/A	
				#N/A	
				, #N/A	
				#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A	
			, #N/A	
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			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
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			#N/A #N/A	
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
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	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
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			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
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			, #N/A	
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			#N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
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			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			, #N/A	
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			#N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
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			, #N/A	
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			#N/A #N/A	
			#N/A #N/A	
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			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			, #N/A	
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			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
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			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
				#N/A	

SYSTEM ID#

2019/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CNMI Cablevision LLC

Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.



FORM	SA3E	PAGE	1h
FURIN	SAJE.	FAGE	1D

ORM SA3E. PAGE 1b.								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
CNMI Cablevision LLC			37590					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses								
below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).								
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
Susupe	MP	Α		First				
				Community				
				See instructions for additional information				
				on alphabetization.				
				Add rows as necessary.				

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	J	1	/	/	1
	J	ſ	/	1	1
	J	1	1	/	1
	ļ	Ţ		1	1

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEM IC			
	CNMI Cablevision LLC								3759			
	SECONDARY TRANSMISSION	SERVICE: S	UBSCF	RIBERS AND R	ATES							
E	In General: The information in s			-		-						
Cocondom	system, that is, the retransmissi											
Secondary Transmission	about other services (including plast day of the accounting period	• •	•		•		those exis	sting on the				
Service: Sub-	Number of Subscribers: Bot						able syster	n, broken				
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	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	-						-				
	category, but do not include disc											
	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.	and rates, in th	ie right-	wo- or thre	ee-wora aescrip	otion of the	service is					
		DCK 1				BLOC	K 2					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS RATE		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE			
	Residential:											
	Service to first set		1,215	\$ 95.00								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel		635	\$ 15.79								
	Commercial											
	Converter											
	Residential											
	Non residential											
	Non-residential											
	Non-residential SERVICES OTHER THAN SEC	ONDARY TR	ANSMI	SSIONS: RATE	ES							
			-		-	all your cable sy	vstem's sei	vices that were				
F	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, f	te (not subscri those services	ber) inf that ar	ormation with r e not offered in	espect to a combinati	ion with any sec	condary tra	nsmission				
_	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There a	te (not subscri those services re two exceptio	ber) inf that are ons: you	formation with r e not offered in u do not need t	espect to a combinati o give rate	on with any sec information co	condary tra	nsmission 1) services				
F Services Other Than	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There a furnished at cost or (2) services	te (not subscri those services re two exception or facilities fur	ber) inf that ar ons: you nished	ormation with r e not offered in u do not need t to nonsubscrib	espect to a combinati o give rate ers. Rate i	on with any sec information co information sho	condary tra ncerning (uld include	nsmission 1) services both the				
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CNMI Cablevis	ILIN OF GABLE ST	STEM:			SYSTEM ID#			
- I					37590	Namo		
RIMARY TRANSMITT	ERS: TELEVISI	ON						
arried by your cable a CC rules and regulat 6.59(d)(2) and (4), 76 ubstitute program ba Substitute Basis asis under specifc F(Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List ead ach multicast stream ast stream as "WETA VETA-simulcast). Column 2: Give th s community of licens n which your cable s Column 3: Indicated ducational station, by	G, identify ever system during f tions in effect o 6.61(e)(2) and d sis, as explaine Stations: With CC rules, regula n here in space only on a subs and also in spa formation condorm. ch station's call associated with A-2". Simulcast e channel num se. For examply ystem carried t e in each case y entering the le icast), "E" (for n	y television s the accountin n June 24, 19 (4), or 76.63 (ad in the next respect to an ations, or autil G—but do lis titute basis ace I, if the st cerning subst sign. Do not h a station ac streams mus ber the FCC e, WRC is Ch he station whether the s etter "N" (for r ioncommercia	g period except 981, permitting t (referring to 76.6 paragraph y distant station horizations: st it in space I (t ation was carried itute basis static report originatic excording to its or t be reported in has assigned to hannel 4 in Was station is a netw network), "N-M" al educational),	(1) stations carrie the carriage of ce 61(e)(2) and (4))]; as carried by your he Special Stater ed both on a subs ons, see page (v) on program servic ver-the-air design column 1 (list ea b the television stat hington, D.C. This ork station, an ind (for network mult or "E-M" (for none	as and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program nent and Program Log)—if the titute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example attion for broadcasting over-the-air ir s may be different from the channe dependent station, or a noncommercia iccast), "I" (for independent), "I-M commercial educational multicast) the name SA3 form	G Primary Transmitters: Television		
lanation of local serv Column 5: If you h able system carried t arried the distant star For the retransmiss f a written agreemen the cable system and on "E" (exempt). For xplanation of these th	ice area, see p have entered "Y the distant stati tion on a part-ti sion of a distan t entered into o a primary trans simulcasts, als hree categories	age (v) of the res" in column on during the me basis bec t multicast str n or before J smitter or an a o enter "E". If s, see page (v	general instruct 4, you must co accounting per ause of lack of eam that is not une 30, 2009, b association repri- you carried the y) of the general	tions located in the properties of the second secon	, stating the basis on which you ntering "LAC" if your cable syster I capacity ty payment because it is the subjec ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form			
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
	1	•	•	e space G for eac		-		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	•	EL LINE-UP	e space G for eac		-		
SIGN	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP	5. BASIS OF CARRIAGE	h channel line-up.			
SIGN	CHANNEL NUMBER	CHANN 3. TYPE OF STATION	EL LINE-UP 4. DISTANT? (Yes or No)	 space G for eac AA 5. BASIS OF CARRIAGE (If Distant) 	h channel line-up. 6. LOCATION OF STATION Agana, Guam	-		
SIGN (UAM (UAM-LP	CHANNEL NUMBER 8	CHANN 3. TYPE OF STATION N	EL LINE-UP 4. DISTANT? (Yes or No) Yes	AA 5. BASIS OF CARRIAGE (If Distant) 0	h channel line-up. 6. LOCATION OF STATION Agana, Guam Agana, Guam	- - - - - - - - - - - - - - - - - - -		
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1. CALL SIGN KUAM KUAM-LP KEQI-LP KTGM KSPN2	CHANNEL NUMBER 8 11	CHANN 3. TYPE OF STATION N I	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes	e space G for eac AA 5. BASIS OF CARRIAGE (If Distant) 0 0	h channel line-up. 6. LOCATION OF STATION Agana, Guam Agana, Guam	additional informatio		

ChNM Cable/sion LLC 375 PHIMARY TRANSMITTERS: RADO PRIMARY TRANSMITTERS: RADO In General: List every rado station carried on a separate and discrete basis and list those FM stations carried on an al-band banis whose signals were "generally receivable" by your cable system during the accounting period. Special instructions Concerning All-Band FM Carriage: Linder: Copying Office regulations, an FM signal is generally receivable "by your cable system shading, and (2) It can be expected, or in the basis of monitoring, to be received at the schedule of HD system shading, and (2) It can be expected, or in the basis of monitoring to be received at the badded, with the system's FM anenus, during cartina statistic constructions and the patient of check physical transmitters are special instructions. Column 1: Rend (by the copying) Office requirements in the STO Column. Column 2: Riter by placing a check mark in the "STO" Column. Column 3: Riter by placing a check mark in the "STO" Column. Column 3: Riter by placing a check mark in the "STO" Column. Column 4: Give the station's logal was electronically processed by the cable system as a separate and discrete signal. Indicate the by placing a check mark in the "STO" Column. Column 4: Give the station's logal transmit the "STO" Column. Column 4: Give the station's logal transmit the "STO" Column. Column 4: Give the station's logal transmit the "STO" column. Column 4: Give the station is identified. Column 4: Give the station's logal transmit the "STO" column. Column 4: Give the station's displate transmit the station is identified. Column 4: Give the statin transmit the "STO" column. Column 4: Give the stat	Name	LEGAL NAME OF			:M:				SYSTEM ID#				
HIn General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.Primary Transmitters: RadioSpecial Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).AM or FMS/DLOCATION OF STATIONCALL SIGNAM or FMS/DLOCATION OF STATION		CNMI Cable	vision LLC						37590				
	Primary Transmitters:	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 receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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											
				0/D				0/D					
				5/D	LUCATION OF STATION	CALL SIGN		5/D	LUCATION OF STATION				
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1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Carriage Specia	LEGAL NAME OF OWNER OF CNMI Cablevision LLC		EM:			S	YSTEM ID# 37590	Name
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further space and the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Colum 1: Give the tile of every nonnetwork television program. (substitute program) that, during the accounting period, was broadcast bive, enter "Yes." (Therwise enter "No." Columa 3: Give the call sign of the station broadcasting the substitute program. Colum 1: If the program was broadcast live, enter "Yes." Otherwise enter "No." Colum 3: Give the tile oddecast station's location (the community with which the station is identified). Colum 6: Give the time addata stations is location (the community with which the station is identified). Colum 7: Enter the letter "R" if the listed program was carried by your cable system. List the times accurately to the caller sing of the state program was substituted for pr		E: SPECIA		NT AND PROGRAM LOO	 }			
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARKINGE Specia • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program toradcast by a distant station? Image: Statement Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program tog in block 2. Yes Image: Statement 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Statement Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "L Love Lov" or "NBA Basketball". Teers vs. Bulls." Column 1: Bive the call sign of the station broadcast live program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations locateries by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." To Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during th	In General: In space I, ident substitute basis during the a explanation of the programm	tify every noi ccounting pe	nnetwork televis eriod, under spe	sion program broadcast by a ecific present and former FC	a distant statio C rules, regu	lations, or authorizations.	For a further	J Substitute
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is lotentifed). Column 5: Give the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the list	During the accounting per	riod, did you			is, any nonne			Carriage: Special Statement and Program Log
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the tille of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substitu	,	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m			r rogram zog
SUBSTITUTE PROGRAM WHEN SUBSTITUTE 7. REASON 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informative titles, for example, "I Love I Column 2: If the programing Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the more first. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a gram was substituted for pro- Column 5: Give the state of the substituted for pro- gram was substituted for pro- Column 6: State the time to pro- Column 7: Enter the letted to delete under FCC rules and the substituted for pro- Column 7: Enter the letted for pro- Column 7: Enter the letter for pro- Column 7: Enter for pro-	ace, please of every no distant stat egulations, c tition. Do no Lucy" or "NE m was broad sign of the adcast statio hadian statio th and day ve "5/7." es when the Example: a er "R" if the and regulati rogramming	attach addition nnetwork telev ion and that yo or authorization to use general of A Basketball: dcast live, ente station broadca on's location (th ons, if any, the when your sys a substitute pro a program carri- listed program ons in effect du	al pages. ision program (substitute pour cable system substitute is. See page (vi) of the ger categories like "movies", o 76ers vs. Bulls." r "Yes." Otherwise enter "1 asting the substitute progra- ne community to which the community with which the stem carried the substitute ogram was carried by your ied by a system from 6:01: n was substituted for progra- uring the accounting period	brogram) that d for the pro neral instructi r "basketball" No." station is lice station is lice program. Us cable system 15 p.m. to 6: amming that t; enter the le	a, during the accounting gramming of another sta ons located in the paper '. List specific program ensed by the FCC or, in entified). e numerals, with the mor n. List the times accurate 28:30 p.m. should be your system was require etter "P" if the listed pro	ition nth	
SUBSTITUTE PROGRAM CARRIAGE OCCURRED FOR 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION							7 REASON	
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR	
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FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2019/2

	LEGAL NAME OF	OWNER OF CABL	E SYSTEM:					S	YSTEM ID#				
Name	CNMI Cable	vision LLC							37590				
J Part-Time Carriage Log	PART-TIME CA In General: Thi time carriage du hours your syst Column 1 (O column 5 of spa Column 2 (D curred during th • Give the mont "4/10."	 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part- time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc- 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 "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 											
	"app." Example	: "12:30 a.m.– 3	3:15 a.m. app."										
	DATES AND HOURS OF PART-TIME CARRIAGE												
		WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED											
	CALL SIGN	DATE	HOL FROM	JRS TO	Ì	CALL SIGN	DATE	HOUR FROM	S TO				
	N/A	DATE	FROM	10	+		DATE		10				
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	SA3E. PAGE 7.						
	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name		
CN	MI Cablevision LLC			37590			
Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's seco- identifed in space E) during the accounting period. For a further explanation of how to ca- e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary	transmis this arr	ssion service nount, see 648,899.00	K Gross Receipts		
	OKTANT. Tou must complete a statement in space P concerning gloss receipts.		(Amount c	of gross receipts)			
 Instru Con Con If you fee If you accord 	(RIGHT ROYALTY FEE (ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. bur system did not carry any distant television stations, leave block 3 blank. Enter the any from block 1 on line 1 of block 4, and calculate the total royalty fee. bur system did carry any distant television stations, you must complete the applicable pa companying this form and attach the schedule to your statement of account. art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be	arts of t	he DSE	Schedule	L Copyright Royalty Fee		
	k 3 below.						
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e	entered	on line	2 in block			
▶ If pa	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	uld 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.						
	Line 1. Enter the amount of gross receipts from space K \$ 648,899.00 Line 2. Multiply the amount in line 1 by 0.01064 • • • • • • • • • • • • • • • • • • •						
	Enter the result here. This is your minimum fee.	\$		6,904.29			
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. 	nn 4, ya od?	ou 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		\$	11,453.07			
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE			0.00			
	schedule. If none, enter zero						
	Line 3. Add lines 1 and 2 and enter						
	here	\$		11,453.07			
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	11,453.07	Cable systems		
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	-		0.00	submitting additional deposits under		
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact		
	Line 4. FILING FEE		\$	725.00	the Licensing additional fees. Division for the appropriate form for submitting the additional fees.		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		12,178.07			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See pa	ge (i) of	the			

ACCOUNTING PERIOD: 2019/2

ACCOUNTING PERIO	2013/2	FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CNMI Cablevision LLC	37590
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations	5
	· · · · · · · · · · · · · · · · · · ·	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	228
	and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name James W. Hofman, II Telephone	+1 671 688 2355
	Address 890 S. Marine Corps Drive (Number, street, rural route, apartment, or suite number)	
	Tamuning, Guam 96913 (City, town, state, zip)	
	Email jhofman@docomopacific.com Fax (optional)	
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office reg	ulations.)
O Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed 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 in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ov in line 1 of space B.	vner of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)] 	ed herein
	X /s/ James W. Hofman, II	
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus com	
	Typed or printed name: /s/ James W. Hofman, II	
	Title: Chief Legal Officer (Title of official position held in corporation or partnership)	
	Date: March 18, 2020	
L	1	
	: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informati ess your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name	

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 telephoi 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 t 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 lay

DSE SCHEDULE. PAGE 11. (CONTINUED)

	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#
1	CNMI Cablevision LLC					37590
	SUM OF DSEs OF CATEGOR		NS:			
	 Add the DSEs of each station Enter the sum here and in line 		achadula		2.00	
	Enter the sum here and in line	r or part 5 or this	s schedule.	ł	2.00	
2	Instructions: In the column headed "Call S	Sign": list the ca	Il signs of all distant stations	identified by t	he letter "Ω" in column 5	
-	of space G (page 3).					
Computation	In the column headed "DSE"			as "1.0"; for	each network or noncom-	
of DSEs for Category "O"	mercial educational station, give	e the DSE as	25. CATEGORY "O" STATION			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KUAM	0.250				
	KUAM-LP	0.250				
	KEQI-LP	1.000				
	KTGM	0.250				
Add rows as	KSPN2	0.250				
Add rows as necessary.						
Remember to copy						
all formula into new						
rows.						
		J		L	n l	K

	L	lannan lan lan lan lan lan lan lan lan l	

											DSE SCHEI	ULE. PAGE 12.
Name												SYSTEM ID#
	CNMI Cable	VISION LL	L									37590
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 2 be carried ou Column 2 give the type- Column 0	st the call s 2: For each correspond 3: For each 4: Divide that t at least to 5: For each 5: For each value as ".2 6: Multiply th	sign of all dista station, give til d with the infor station, give til e figure in colu the third decir independent s 25." he figure in co	he number of mation given he total numh umn 2 by the mal point. Thi station, give t	f hours y in space per of ho figure in is is the ' he "type e figure i	n column 5, ar	em car only on ation br give th ge valu ." For e	ried the statio the DSE for each roadcast over the result in de ue" for the sta each network the result in c	n during th ch station. the air dur ecimals in c tition. or noncom	ing the accou olumn 4. Thi mercial educ Round to no l	unting period. s figure must ational station,	r
Capacity			C	ATEGOR	Y LAC	STATIONS		MPUTATIO	N OF DS	Es		
	1. CALL SIGN		2. NUMBE OF HOU CARRIE SYSTEM	JRS D BY	OF ST	IMBER HOURS ATION I AIR		BASIS OF CARRIAGE VALUE		5. TYPE VALUE	6. D	SE
				÷			=		X		=	
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				÷			=		x x		=	
				÷			-		x		=	
	SUM OF DSEs Add the DSEs Enter the su	of each sta	ition.		chedule	,				0.00		
4 Computation of DSEs for Substitute- Basis Stations	tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your sy ect on Octo one or more For each st This figure Enter the n Divide the t	ystem in subst ber 19, 1976 (e live, nonnetwo tation give the should corres umber of days figure in colum	itution for a p as shown by ork programs number of liv spond with th s in the calen in 2 by the fig	ve, nonn e inform dar year gure in c	that your syste or "P" in column hat optional can etwork program ation in space : 365, except in olumn 3, and g	m was n 7 of s riage (ns carr I. n a leap ive the	permitted to o space I); and as shown by th ried in substitu p year. e result in colu	delete unde ne word "Yes ution for pro umn 4. Rou	er FCC rules " in column 2 ograms that v nd to no less	of were deleted	orm).
			SU	BSTITUTE	E-BASI	S STATION	IS: C	OMPUTAT	ION OF	DSEs		
	1. CALL SIGN	2. NUMI OF PROG	BER	3. NUME OF DA IN YEA	YS	4. DSE	1.	CALL SIGN	2. NUM OF PRO	BER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
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	SUM OF DSEs Add the DSEs Enter the su	of each sta	ition.			,		▶		0.00		
5	TOTAL NUMB				e boxes i	n parts 2, 3, an	d 4 of t	his schedule a	and add the	n to provide t	he total	
Total Number	1. Number o	of DSEs fron	n part 2 ●					►			2.00	
of DSEs	2. Number o	of DSEs from	n part 3 ●					<u>}</u>			0.00	
	3. Number o	of DSEs from	n part 4 ●								0.00	
										1		

2.00

►

DSE SCHEDULE. P	AGE 13.							ACCOUNTIN	G PERIOD: 2019/2
LEGAL NAME OF C CNMI Cablevis		SYSTEM:					S	YSTEM ID# 37590	Name
schedule.	"Yes," leave the re	mainder of p		7 of the DSE sched	lule blank and	complete par	t 8, (page 16) of th	e	6
 If your answer if 	"No," complete blo	icks B and C		TELEVISION M	ARKETS				Computation of
effect on June 24,	1981?	schedule—D	najor and smal	ler markets as definence of the second se	ned under sec		CC rules and regul	lations in	3.75 Fee
		BLO				Fs			
Column 1: CALL SIGN	under FCC rules	of distant sta and regulation of DSE Scheor	ations listed in ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t ne 25, 1981. For fur ne letter M below re	this schedule ther explanati	that your syste on of permitte	d stations, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	 (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions for E Carried pursua *F A station pre 	Iles and regul ed pursuant t on as defined al educationa d station (76.6 r DSE sched ant to individu viously carrie IHF station w	ations cited be o the FCC mar l in 76.5(kk) (7 l station [76.59 S5) (see paragi ule). Ial waiver of F(d on a part-tim ithin grade-B c	ne or substitute bas contour, [76.59(d)(5	e in effect on .57, 76.59(b),)(1), 76.63(a) 3(a) referring stitution of gra is prior to Jun	June 24, 198 ⁻¹ 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered st e 25, 1981	76.63(a) referring to 5.61(e)(1) ations in the		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o etter "F" in column 2			orksheet on page 1	l4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	OMPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
	line 2 from line 1	. This is the	total number	ove of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				× 0.03	375	Do any of the DSEs represent partially permited/
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				x		partially nonpermitted carriage?

.....

If yes, see part

9 instructions.

0.00

Line 6: Enter total number of DSEs from line 3

	-							0	SE SCHEDULE.	PAGE 14		
Name	LEGAL NAME OF OWN	NER OF CABLE SYS	EM:						SYSTE	EM ID#		
Name	CNMI Cablevis	ion LLC							3	37590		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the 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			OUNTING	טעב				6. PERMIT			
	1. CALL SIGN	2. PRIOR DSE		RIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. PERMIT	IIEU		
	SIGN	DGL		INIOD		CARRIAGE		DGL	DOL			
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: 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. BLOCK A: MAJOR TELEVISION MARKET											
Exclusivity			BLUCK	A: MAJUR	IEL	EVISION WARK						
Surcharge	 Is any portion of the of 	cable system within a	a top 100 maior	r television mar	ket as	s defned by section 7	6.5 of FCC	rules in effect J	une 24, 1981?			
Garonargo		•										
	Yes-Complete	e blocks B and C .				X No—Proceed to	рап в					
				Diationa								
	BLOCK B: Ca	arriage of VHF/Grad		วเลแอทร	BLOCK C: Computation of Exempt DSEs							
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places a gra	as any station listed ty served by the cab former FCC rule 76	le system p	•							
	Yes—List each s	tation below with its a	ppropriate perm	nitted DSF	, ,				F			
		and proceed to part 8.	ppropriate port		Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.							
	CALL SIGN	DSE	CALL SIGN	DSE	[CALL SIGN	DSE	CALL SIG	N DS	SE		
					[
								-				
								-				
								-				
		· · · · · · · · · · · · · · · · · · ·	OTAL DSEs	0.00	'			TOTAL DS	Fe	0.00		
			UTAL DOES	0.00				TOTAL DS	L5	0.00		

DSE SCHEDULE. PAGE15.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CNMI Cablevision LLC 37590	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section	Enter the amount of gross receipts from space K (page 7)	7
1 Section 2	A. Enter the total DSEs from block B of part 7	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	of the 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	Surcharge
• Is any	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? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE 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)	
	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	

ACCOUNTING PERIOD	2019/2	DSE SCHEDU							
Name		ME OF OWNER OF CABLE SYSTEM: SY CNMI Cablevision LLC	"STEM ID 37590						
			57 530						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)							
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)							
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1)	_						
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here ≸							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge	<u></u> .						
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. wck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.							
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?								
	[X Yes—Complete part 9 of this schedule. No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)	_						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)							
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts							
		(the amount in section 1)	-						
		(the amount in section 1)							
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here	-						
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)							
		Base Rate Fee	0.00						

DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CNM	Cablevision LLC 37590	Name
Que etter	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
Section 4		0
	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1)	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1)► \$	of
	C. Multiply line B by 3.000 and enter here ►	Base Rate Fee
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) ► \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee \$ 0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals istead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-	•
	Space G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of clusion, you must:	of Base Rate Fee
Eirot:	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o	Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	Partially Distant
Howev	er, if your cable system is wholly located outside all major television markets, complete block A only.	Stations, and
How to	o 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 to that community.	Stations
	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
outside	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by	
	ne token, the station is distant to the subscriber.)	
-	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable	
system	will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
•	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's	
	iber groups. n section:	
	i section: fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	ibers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	
	a paper SA3 form.	
	pute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total	
DSEs	for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show ctual calculations on the form.	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEM ID
Name	CNMI Cablevision LLC	3759
	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 OWNE		E SYSTEM:				S	37590 SYSTEM	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
	FIRST	SUBSCRIBER GROU		SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				J Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KUAM	0.25							Base Rate Fee
KUAM-LP	0.25							and
KEQI-LP	1.00							Syndicated
KTGM	0.25							Exclusivity
KSPN2	0.25							Surcharge for
		-						Partially
		-						Distant
								Stations
		-						
Total DSEs 2.00			Total DSEs 0.00					
Gross Receipts First Group \$ 64			,899.00	Gross Receipts Second Group		\$	0.00	
Base Rate Fee First Group \$ 11,453.07				Base Rate Fee Seco	and Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р	FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
]				
Total DSEs			0.00		Total DSEs		0.00	
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group		\$ 0.00		
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group		\$	\$ 0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	above.	\$	11,453.07	