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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
2-28-20	\$ ALLOCATION NUMBER						
2-20-20							

## SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2019/2										
B Owner	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit as single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  CABLE ONE, INC.										
				00623020192							
				006230 2019/2							
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626										
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•									
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT	······································									
	MAILING ADDRESS OF CABLE SYSTEM: 230 5TH AVENUE (Number, street, rural route, apartment, or suite number) MCCOMB, MS 39648 (City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and r	elist on page 1b							
Area Served	with all communities. CITY OR TOWN	STATE									
First	BROOKHAVEN	MS									
Community	Below is a sample for reporting communities if you report multiple ch		Space G								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#							
Sample	Alda	MD	Α	1							
Cample	Alliance	MD	В	2							
	Gering	MD	В	3							

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

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

FORM SA3E. PAGE 1b. **SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: 006230 CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN CH LINE UP SUB GRP# STATE **BROOKHAVEN** MS AA **First** LINCOLN COUNTY 1 MS **AA** Community **MAGNOLIA** MS **AA** 2 **MCCOMB** MS AA 2 **PIKE COUNTY** MS AA 2 2 **SUMMIT** AA MS See instructions for **WESSON** MS AA 1 additional information on alphabetization. Add rows as necessary.

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

006230

# E

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential: • Service to first set	1,595	\$	40.00	NON-STANDARD	40	\$	5.18
<ul><li>Service to additional set(s)</li><li>FM radio (if separate rate)</li></ul>	3,208						
Motel, hotel							
Commercial Converter							
<ul><li>Residential</li><li>Non-residential</li></ul>							
		†····				†······	

# F

### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2							
CATEGORY OF SERVICE	F	RATE CATEGORY OF SERVICE			RATE	CATEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential			TIER-2	\$	30.00
<ul> <li>Pay cable</li> </ul>	\$	17.00	Motel, hotel			TIER	\$	40.00
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			ESPANOL DIGITAL	\$	3.00
<ul> <li>Fire protection</li> </ul>			• Pay cable			DVP	\$	15.00
<ul><li>Burglar protection</li></ul>			<ul> <li>Pay cable-add'l channel</li> </ul>					
Installation: Residential			Fire protection					
<ul><li>First set</li></ul>	\$	90.00	Burglar protection					
<ul><li>Additional set(s)</li></ul>	\$	60.00	Other services:					
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	60.00			
<ul> <li>Converter</li> </ul>			Disconnect					
			Outlet relocation	\$	60.00			
			<ul> <li>Move to new address</li> </ul>	\$	60.00			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006230 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** (Yes or No) **CARRIAGE** OF **NUMBER STATION** (If Distant) **WAPT** 21 Ν JACKSON, MS No **WDBD** 40 ı No JACKSON, MS See instructions for additional information WJTV-1 12 Ν No JACKSON, MS on alphabetization. WJTV-2 12 I-M JACKSON, MS No WJTV-3 12 I-M No JACKSON, MS **WLBT** 9 Ν No JACKSON, MS WLBT-2 9 I-M No JACKSON, MS 9 JACKSON, MS WLBT-3 I-M No **WMAU** 18 Ε No BUDE, MS **WMPN** 20 Ε Yes 0 JACKSON, MS MAGEE, MS **WRBJ** 34 ı No **WUFX** 41 ı VICKSBURG, MS No **WWL** 4 0 NEW ORLEANS, LA Ν Yes

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				006230	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television	
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>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.</li> </ul>							
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located		
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example		
Column 2: Give the its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel		
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of the the local ser	e general instru vice area, (i.e. "	ctions located in t distant"), enter "Y	es". If not, enter "No". For an ex-		
cable system carried t	ave entered "Y he distant station	es" in column on during the	4, you must co accounting peri	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system		
of a written agreement	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing		
tion "E" (exempt). For explanation of these the	simulcasts, als ree categories	o enter "E". If , see page (v	you carried the ) of the general	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.		
	Canadian statio	ons, if any, giv	e the name of t	he community witl	y to which the station is licensed by the handle had been had been had been by the station is identifed. In channel line-up.		
		CHANN	EL LINE-UP	AB			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
				,			

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LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006230	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	ver-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried to carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	e in each case of entering the lecast), "E" (for notes terms, see partion is outside itee area, see partion on a part-tipoid of a distantiation of a distantiation of a distantiation of a primary transsimulcasts, also incee categories de location of each canadian static	whether the setter "N" (for noncommercial page (v) of the ethe local servage (v) of the es" in column on during the me basis bect multicast strong or before Jumitter or an allo enter "E". If see page (vach station. Foons, if any, given	etwork), "N-M" (all educational), or general instruction 4, you must contact accounting perioduse of lack of a geam that is not successful and 30, 2009, but association repressor you carried the por U.S. stations, we the name of the	(for network multicor "E-M" (for noncations located in the distant"), enter "Y tions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalt etween a cable system of the primary of the community with the community with the community with the community with a community with the communi	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
		CHANN	EL LINE-UP	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
			•			
***************************************						

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LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006230	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc FC</li><li>Do not list the station station was carried</li></ul>	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation cond formation cond	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify	
each multicast stream cast stream as "WETA-WETA-simulcast).	associated wit A-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	ation. For example, report multi- ch stream separately; for example	
its community of licens on which your cable sy	se. For example stem carried the	e, WRC is Ch ne station.	annel 4 in Wasl	hington, D.C. This	ependent station, or a noncommercial	
(for independent multi- For the meaning of the	cast), "E" (for n ese terms, see ation is outside	oncommercian page (v) of the the local ser	al educational), de general instru vice area, (i.e. "	or "E-M" (for nonc ctions located in t distant"), enter "Y	es". If not, enter "No". For an ex-	
Column 5: If you h cable system carried t carried the distant state	ave entered "Y he distant station ion on a part-ti	es" in column on during the me basis bec	accounting perions of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system	
the cable system and tion "E" (exempt). For explanation of these the	a primary trans simulcasts, als rree categories	mitter or an a o enter "E". If , see page (v	ssociation repre you carried the ) of the general	esenting the prima channel on any o instructions locate	stem or an association representing by transmitter, enter the designather ther basis, enter "O." For a further ed in the paper SA3 form.  The station is licensed by the	
	Canadian statio	ons, if any, giv	e the name of the	he community with	n which the station is identifed.	
		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

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LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006230	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 981, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program bas	sis, às explaine	ed in the next	paragraph.	· / / / · / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0	CC rules, regulation in the contraction of the cont	ations, or autl G—but do lis	norizations:		nent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
Column 1: List each each multicast stream	ch station's call associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).  Column 2: Give the	e channel num	ber the FCC I	has assigned to	the television sta	tion for broadcasting over-the-air in s may be different from the channel	
on which your cable sy Column 3: Indicate	ystem carried the in each case	ne station. whether the s	tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
(for independent multi- For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), d ne general instru	or "E-M" (for nonc ections located in		
planation of local servi	ice area, see p	age (v) of the	general instruc	tions located in th	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your	
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	ntering "LAC" if your cable system capacity.  y payment because it is the subject	
of a written agreement the cable system and	t entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, be association repre	etween a cable sy esenting the prima	stem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further	
explanation of these the Column 6: Give the	nree categories e location of ea	, see page (vach station. Fo	) of the general or U.S. stations,	instructions locate	ed in the paper SA3 form.  by to which the station is licensed by the howhich the station is identifed.	
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each		
	•	CHANN	EL LINE-UP	Al		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006230 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006230 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006230 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006230	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the	e in each case of the each case of the each cast), "E" (for no ese terms, see that its outside each cation is outside	whether the setter "N" (for no oncommercial page (v) of the the local ser	etwork), "N-M" ( al educational), d e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonc actions located in t distant"), enter "Y	es". If not, enter "No". For an ex-	
Column 5: If you h cable system carried t carried the distant state	ave entered "Y he distant station on a part-ti	es" in column on during the me basis bec	a 4, you must co accounting peri ause of lack of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system	
the cable system and tion "E" (exempt). For	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	esenting the prima channel on any o	stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of t	he community with	y to which the station is licensed by the had which the station is identifed. In channel line-up.	
		CHANN	EL LINE-UP	AN		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, I	NC.				006230	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 70 substitute program ba	6.61(e)(2) and easies, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc Formula</li><li>Do not list the station station was carried</li></ul>	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit A-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For exampl	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
educational station, by (for independent multi For the meaning of the Column 4: If the si planation of local serv Column 5: If you he cable system carried to	y entering the lecast), "E" (for rese terms, see tation is outside ice area, see phave entered "Y the distant statition on a part-ti	etter "N" (for nation commercial page (v) of the ethe local serage (v) of the ethe column con during the me basis became the control of the ether than the control of the ether than the control of the c	etwork), "N-M" (al educational), of general instruction area, (i.e. "general instruction 4, you must conaccounting perions ause of lack of a	(for network multion "E-M" (for noncontions located in the distant"), enter "Y tions located in the mplete column 5, od. Indicate by enactivated channel	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
the cable system and tion "E" (exempt). For explanation of these the	a primary trans simulcasts, als hree categories	mitter or an a to enter "E". If to, see page (v	ssociation repre you carried the ) of the general	esenting the prima channel on any o instructions locate	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of t	he community wit	ty to which the station is licensed by the had been had been had been the station is identifed. In channel line-up.	
		CHANN	EL LINE-UP	AO		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				006230	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during to ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television	
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.							
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located		
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example		
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel		
Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st	e in each case of the entering the lecast), "E" (for no ese terms, see tation is outside	whether the setter "N" (for no oncommercial page (v) of the the the local ser	etwork), "N-M" ( al educational), d e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonconctions located in the distant"), enter "Y	es". If not, enter "No". For an ex-		
cable system carried t carried the distant stat	ave entered "Y he distant station ion on a part-ti	es" in column on during the me basis bec	a 4, you must co accounting peri ause of lack of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system		
of a written agreement the cable system and tion "E" (exempt). For	t entered into o a primary trans simulcasts, als	n or before Ju mitter or an a o enter "E". If	une 30, 2009, be ssociation repre you carried the	etween a cable sy esenting the prima channel on any o	stem or an association representing try transmitter, enter the designa- ther basis, enter "O." For a further		
Column 6: Give th	e location of ea Canadian statio	nch station. Fo	or U.S. stations, re the name of t	list the communit he community with	ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed.		
Trotor ii you aro aliiizii	- In the second of the second	•	EL LINE-UP	•	oname ap.		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006230 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#				
CABLE ONE, II	NC.				006230	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	ON							
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G			
76.59(d)(2) and (4), 70 substitute program ba	6.61(e)(2) and easis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	51(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television			
Do not list the station	<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>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.</li> </ul>								
• List the station here,	and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located				
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit 4-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	rer-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example				
	se. For exampl	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel				
educational station, by (for independent multi For the meaning of the Column 4: If the si planation of local serv Column 5: If you h cable system carried t carried the distant stat	y entering the lecast), "E" (for rese terms, see tation is outside ice area, see peave entered "Y the distant statition on a part-ti	etter "N" (for nationcommercial page (v) of the ethe local serage (v) of the ethe ces" in column on during the me basis becaused.	etwork), "N-M" (al educational), of the general instruction of the general	(for network multion "E-M" (for noncetions located in the distant"), enter "Y tions located in the mplete column 5, and Indicate by enactivated channel	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system				
of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	t entered into on a primary trans simulcasts, als nree categories e location of ea	n or before Jumitter or an a o enter "E". If s, see page (v ach station. Fo	une 30, 2009, be ssociation repre you carried the of the general or U.S. stations,	etween a cable sy esenting the prima channel on any o instructions locate list the communit	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  By to which the station is licensed by the h which the station is identifed.				
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each					
	1	CHANN	EL LINE-UP	AR					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#				
CABLE ONE, IN	NC.				006230	Name			
PRIMARY TRANSMITTERS: TELEVISION									
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 981, permitting th	(1) stations carrience carriage of cert	s and low power television stations) ed only on a part-time basis under tain network programs [sections	<b>G</b> Primary			
substitute program basis \$	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								
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>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.</li> </ul>									
basis. For further in the paper SA3 fo	• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.								
each multicast stream cast stream as "WETA-WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov to be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example				
its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	nannel 4 in Wasl	hington, D.C. This	tion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial				
educational station, by (for independent multi- For the meaning of the	entering the lecast), "E" (for nese terms, see tation is outside	etter "N" (for noncommercial page (v) of the the local ser	etwork), "N-M" ( al educational), o le general instru vice area, (i.e. "	(for network multion or "E-M" (for nonc ctions located in t distant"), enter "Y	cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-				
Column 5: If you h cable system carried t carried the distant state	ave entered "Y he distant station on a part-ti	es" in column on during the me basis bec	accounting peri- ause of lack of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system				
the cable system and tion "E" (exempt). For explanation of these the	a primary trans simulcasts, als nree categories	mitter or an a o enter "E". If , see page (v	ssociation repre you carried the of the general	esenting the prima channel on any o instructions locate	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  The station is licensed by the				
	Canadian statio	ons, if any, giv	e the name of the	he community with	n which the station is identifed.				
		CHANN	EL LINE-UP	AS					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
			•						
			•						

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006230 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006230 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006230 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 006230 CABLE ONE, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2019/2

CABLE ONE, INC.	SYSTEM ID# 006230 Name								
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
SA3 form for futher information. Do not use general categories like titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bull Column 2: If the program was broadcast live, enter "Yes." Other Column 3: Give the call sign of the station broadcasting the substaction Column 4: Give the broadcast station's location (the community the case of Mexican or Canadian stations, if any, the community wire Column 5: Give the month and day when your system carried the first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried to the nearest five minutes. Example: a program carried by a system 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 accongram was substituted for programming that your system was permit effect on October 19, 1976.	e enter "No."  ute program.  which the station is licensed by the FCC or, in which the station is identified).  ubstitute program. Use numerals, with the month  d by your cable system. List the times accurately rom 6:01:15 p.m. to 6:28:30 p.m. should be  for programming that your system was required ing period; enter the letter "P" if the listed pro d to delete under FCC rules and regulations in								
SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	WHEN SUBSTITUTE CARRIAGE OCCURRED  5. MONTH 6. TIMES 7. REASON FOR DELETION								
Yes or No CALL SIGN 4. STATION'S	DOCATION   AND DAY   FROM — TO								

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

**SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 006230 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
CAI	BLE ONE, INC.		006230	Name
Inst all a (as i	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmissior	n service	<b>K</b> Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s)	•	222 272 52	
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	803,672.56 ss receipts)	
<ul><li>Instru</li><li>Con</li><li>Con</li><li>If yo fee f</li><li>If yo</li></ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: hplete block 1, showing your minimum fee. hplete block 2, showing whether your system carried any distant television stations. hur system did not carry any distant television stations, leave block 3 blank. Enter the arrom block 1 on line 1 of block 4, and calculate the total royalty fee. hur system did carry any distant television stations, you must complete the applicable paympanying this form and attach the schedule to your statement of account.			Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line 1	of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line 2 in	block	
3 be  ■ If pa	low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho	ould be entered on li	ne	
2 in	block 4 below.			
1	<b>MINIMUM FEE:</b> 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 featistem's gross receipts for the accounting period.		of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	<u> </u>	803,672.56	
	Enter the result here. This is your minimum fee.	•	8,551.08	
	•			
	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period of the color of the property of the prope</li></ul>	nn 4, you must cheo	ck	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	3,676.35	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	3,676.35	
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	<b>\$</b>	8,551.08	Cable systems
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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	r	0.00	submitting additional
	zero.  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	\$	9,276.08	appropriate form for submitting the
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the		additional fees.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 006230
	CABLE ONE, INC.	000230
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.	
Onameis	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.)	
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364-6195	
	Address 210 E. EARLL DRIVE  (Number, street, rural route, apartment, or suite number)	
	PHOENIX, AZ 85012-2626 (City, town, state, zip)	
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013	
_	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• 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 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 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.	em
	• 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/ Raymond Storck	
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	e "F2"
	Typed or printed name: RAYMOND STORCK	
	Title: VICE PRESIDENT  (Title of official position held in corporation or partnership)	
	Date: February 28, 2020	

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
CABLE ONE, INC. 006230	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?	Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below\$	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period	
ID number	

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

**ACCOUNTING PERIOD: 2019/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#										
<b>I</b>	CABLE ONE, INC.					006230					
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line		0.50								
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). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-										
Computation of DSEs for	mercial educational station, give the DSE as ".25."										
Category "O" Stations	CATEGORY "O" STATIONS: DSEs  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE										
Stations	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL					
	WMPN	0.250									
	WWL	0.250									
Add rows as necessary. Remember to copy											
all formula into new rows.											

			<b>=</b>
	I		

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	LEGAL NAME OF O	WNER OF CABLE SYSTEM:						S	YSTEM ID#	
Name	CABLE ONE,	INC.							006230	
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 Column 6:	et the call sign of all dista EFOT each station, give the correspond with the infor FOT each station, give the Divide the figure in colu at least to the third decires For each independent s	ne number of hou mation given in spone total number or total number or timn 2 by the figural point. This is totation, give the "total numn 4 by the figural numn 4 by the figura	rs your cable system cace J. Calculate of hours that the state in column 3, and the "basis of carriage ype-value" as "1.0."	m carried the stanly one DSE for estion broadcast over give the result in ge value" for the search netwood give the result in	tion during the acteach station. The retrieve the air during decimals in column station. The or noncomment column column 6. Rour	the accounting mn 4. This figurence rcial educationand to no less that	period. re must al station, an the		
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs									
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTE	R 3. JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5.	TYPE VALUE	6. DSI	Ē	
			÷		=	x		=		
			<u></u>		_	X X		=		
			÷ ÷		=	X		=		
			÷		=	x		=		
			÷		=	x		=		
			÷		=	x		=		
			÷		=	X		=		
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of page		lule,			0.00			
Computation of DSEs for Substitute-Basis Stations	<ul> <li>Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:</li> <li>• Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and</li> <li>• Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).</li> <li>Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.</li> <li>Column 3: Enter the number of days in the calendar year: 365, except in a leap year.</li> <li>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).</li> </ul>									
		SU	BSTITUTE-BA	ASIS STATION	IS: COMPUTA	ATION OF DS	Es			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBE OF PROGR	C	NUMBER OF DAYS IN YEAR	4. DSE	
		<u>-</u>		=			÷			
				=			÷			
		÷		=			÷ ÷			
				=			÷			
		÷		=			÷		=	
	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 am applicable to your system		kes in parts 2, 3, and	d 4 of this schedul	e and add them to	provide the tot	al		
<b>Total Number</b>	1. Number of	DSEs from part 2 ●				<b>-</b>	0.5	<u>0</u>		
of DSEs	2. Number of	DSEs from part 3 ●					0.0	0		
	3. Number of	DSEs from part 4 ●				<b>-</b>	0.0	0		
	TOTAL NUMBE	R OF DSEs					<b>&gt;</b>		0.50	

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

LEGAL NAME OF C	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 006230	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of p	below.	7 of the DSE sched		complete part	8, (page 16) of th	e	6 Computation of
effect on June 24,  X Yes—Com	List the call signs under FCC rules instructions for th Satellite Television Enter the approprior (Note the FCC rules and the FCC rules in the Satellite Television Enter the approprior (Note the FCC rules and the FCC rules in Stations carried and the FCC rules in Stations for Enter the approprior (Note the FCC rules and the FCC rules and the FCC rules in Stations for Entert in Station previous for En	schedule—D C below.  BLOG of distant sta and regulation e DSE Sched on Extension riate letter included pursuant to all educational station (76.6 or DSE sched ant to individuationally carried HF station won of a distant	CK B: CARR  ations listed in ons prior to Jundule. (Note: The and Localism Addicating the base lations cited be to the FCC mark.)  I in 76.5(kk) (70 al station [76.58 (see paragicule).  I all waiver of F0 d on a part-time ithin grade-B cot multicast street.	RIAGE OF PERM part 2, 3, and 4 of the 25, 1981. For fur e letter M below react of 2010.) sis on which you can ellow pertain to those ket quota rules [76 6.59(d)(1), 76.61(e 9(c), 76.61(d), 76.6 raph regarding sub CC rules (76.7) e or substitute bas ontour, [76.59(d)(5	MITTED DS this schedule to ther explanatifiers to an executive in effect on (5.57, 76.59(b), (1), 76.63(a) (3) (a) referring estitution of gradis prior to June (5), 76.61(e)(5), (1), 76.61(e)(5), (2)	Es  that your syste on of permitted mpt multicast sted station. June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered state e 25, 1981 , 76.63(a) references	m was permitted to stations, see the stream as set forth) 6.63(a) referring to	o carry n in the	3.75 Fee
1. CALL	*( <b>Note:</b> For those this schedule to c			etter "F" in column 2	2, you must co	nmplete the wo	rksheet on page 1  2. PERMITTED	3. DSE	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
	e total number of								
	line 2 from line 1 eave lines 4–7 bl			_		ate.			
ine 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply I	ine 4 by 0.0375 a	nd enter su	m here				x		permited/ partially nonpermitted carriage?
ine 6: Enter tot	al number of DSE	Es from line	3						If yes, see part 9 instructions.
_ine 7: Multiply I	ine 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

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

CABLE ONE, INC.

1. CALL SIGN

Name	CABLE ONE, IN		STEM:						S	006230
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried price Column 1: List the column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Formal Part-time spinal Part	or to June 25, 198 call sign for each of the DSE for this state accounting point the basis of carrial CC rules and reguecialty programming: Carrial (d)(1),76.61(e)(1) rogramming: Carriage under certical instructions in the station's DSE of the DSE figures as B, column 3 of point formation you get the point formation to the station of point formation you get the po	at, under former distant station ic station for a sing eriod and year ir age on which the ulations cited being: Carriage, or 76.63 (referiage under FCC tain FCC rules, it is paper SA3 for the current elisted in columnart 6 for this stative in columns 2	FCC rules governed by the gle accounting in which the care station was delow pertain to a part-time bearing to 76.61(ed) rules, sections regulations, or orm.  accounting per accounting p	rerrilett Deri riag arri hos asis )(1) s 76 auti iod list	entifed by the letter "F" hing part-time and subster "F" in column 2 of point of part of the smaller of the two part of part o	stitute carria art 6 of the January 1, e.g., 1981/ e following le , 1981.) ming under or 76.63 (r explanatio 2, 3, and 4 figures her	age.) DSE schedule, 1978 and Jun 1). etters: FCC rules, sereferring to on, see page (v of this schedule. This figure s	e 30, 198 ctions i) of the e. hould be	31. e entered
		PERMITTED	DSE FOR STA	TIONS CARRI	ΞD	ON A PART-TIME AN	D SUBSTI	TUTE BASIS		
	1. CALL	2. PRIOR		COUNTING	_	4. BASIS OF		RESENT	6. PE	RMITTED
	SIGN	DSE	PE	ERIOD		CARRIAGE	Г	DSE		DSE
		***************************************								
		***************************************								
<b>7</b> Computation of the	Instructions: Block A In block A: If your answer is If your answer is	"Yes," complete t	olocks B and C,		ра	rt 8 of the DSE schedu	ıle.			
Syndicated			BLOCK	( A: MAJOR	TE	ELEVISION MARK	ET			
Exclusivity										
Surcharge		cable system withi blocks B and C .		or television ma	rke	t as defned by section 7		rules in effect	June 24,	1981?
	BI OCK B: C	arriage of VHF/Gr	rada B Contour	Stations		BI OCK	C: Compu	tation of Exem	nt DSEc	
	Is any station listed in commercial VHF stati or in part, over the ca	block B of part 6 on that places a g	the primary stre	eam of a		Was any station listed nity served by the cab to former FCC rule 76.	in block B le system p	of part 7 carrie	d in any	
	Yes—List each s	tation below with its		nitted DSE		Yes—List each sta  X No—Enter zero ar	ation below v		ite permit	ted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE
				0.00						0.00
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM ID# 006230	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	803,672.56	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSI	E	
	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	Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSI 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)	E	
	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		

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ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE PAGE 16

Name		ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM ID# 006230
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here.  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i	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.  ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  ur 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 ocated 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.	w
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  rour 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		
	Section 2	Enter the amount of gross receipts from space K (page 7)	
	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).	0.00

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

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM ID# 006230	Name
Section If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 bl.	ank.	
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 <b>▶</b>		Base Rate Fe
D. Enter 0.00330 of gross receipts		
(the amount in section 1) <b>\$</b>		
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	<b>\$</b>	
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	
MPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriag hall instead be reported on a community-by-community basis (subscriber groups) if the cable systems in Space G.  General: If any of the stations you carried were partially distant, the statute allows you, in compute	em reported multiple channel line-	9
eceipts from subscribers located within the station's local service area, from your system's total group exclusion, you must:		Computation of
		Base Rate F and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscriber tation or the same group of stations. Next: Treat each subscriber group as if it were a separate call DSEs and the portion of your system's gross receipts attributable to that group, and calculate a sep	ole system. Determine the number of arate base rate fee for each group.	Syndicated Exclusivity Surcharge
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fe		for Partially
IOTE: If any portion of your cable system is located within the top 100 television market and the stanust also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, com However, if your cable system is wholly located outside all major television markets, complete block	plete both block A and B below.	Distant Stations, ar
low to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and ea arried to that community.	ch partially distant station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of you outside the station's local service area. A subscriber located outside the local service area of a stationer same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to vubscriber group must consist entirely of subscribers who are distant to exactly the same complement ystem will have only one subscriber group when the distant stations it carried have local service are	ent of stations. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, or ubscriber groups.	ne for each of your system's	
n each section:		
Identify the communities/areas represented by each subscriber group.  Give the call sign for each of the stations in the subscriber group's complement—that is, each state.	ion that is distant to all of the	
ubscribers in the group.	ion that is distant to all of the	
If: ) your system is located wholly outside all major and smaller television markets, give each station?	s DSE as you gave it in parts 2: 3:	
nd 4 of this schedule; or, any portion of your system is located in a major or smaller televison market, give each station's E		
part 6 of this schedule.		
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. Calculate gross receipts for the subscriber group. For further explanation of gross receipts see pa	ge (vii) of the general instructions	
in the paper SA3 form.	f this cohodula and the array of the	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 coage. In making this computation, use the DSE and gross receipts figure applicable to the particula DSEs for that group's complement of stations and total gross receipts from the subscribers in that g	r subscriber group (that is, the total	

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your actual calculations on the form.

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	SYSTEM:				SY	STEM ID# 006230	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GROU	P		SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA	Brookh	aven, Lincoln Co.	, Wesso	COMMUNITY/ AREA	McComb	o, Magnolia, Pike C	o.,Summ	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWL	0.25			WWL	0.25			Base Rate Fee
				WMPN	0.25			and
								Syndicated
								Exclusivity
		-						Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.25	Total DSEs			0.50	
Gross Receipts First Gro	oup	\$ 225	257.59	Gross Receipts Secon	d Group	\$ 57	8,414.97	
Base Rate Fee First Gro	oup	\$	599.19	Base Rate Fee Secon	d Group	\$	3,077.17	
	THIRD	SUBSCRIBER GROU	Ρ		FOURTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
***************************************								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes at	oove.	\$	3,676.35	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006230	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GROU	P		SIXTH	SUBSCRIBER GROUP	1	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
***************************************								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								Otations
					•		•	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
Ş	SEVENTH	SUBSCRIBER GROU	ΙP		EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							•	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e <b>base rate</b> 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006230	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GROU	Р		TENTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
El	EVENTH	SUBSCRIBER GROU	Р		TWELVTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e <b>base rat</b> o 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	II as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006230	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIF	RTEENTH	SUBSCRIBER GROU	Р	FOU	RTEENTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
***************************************								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
					•			Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FII	TEENTH	SUBSCRIBER GROU	Р	S	IXTEENTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e <b>base rate</b> 3, line 1, s <sub>l</sub>	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				S1	O06230	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVE	NTEENTH	SUBSCRIBER GROU	JP	EIG	HTEENTH	SUBSCRIBER GROUP	)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NII	NTEENTH	SUBSCRIBER GROU	JP	T	WENTIETH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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			<b></b>		<b></b>		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
					_		_	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Basa Baka <b>B</b>			0.00	B B	0.00			
Base Rate Fee Third G	roup	<b>[</b> \$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
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			riber group	as shown in the boxes a	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

				TE FEES FOR EACH				
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	<b>ase Rate Fee</b> First Gro
	Р	SUBSCRIBER GROU	Y-FOURTH	TWENT	IP	SUBSCRIBER GROU	Y-THIRD	TWENT
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Name				TE FEEC FOR EACH				
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9		SUBSCRIBER GROU	NTY-SIXTH			SUBSCRIBER GRO	ITY-FIFTH	
Computati	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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-	0.00 P	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  TWEN  COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup SEVENTH	TWENTY-
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	0.00 P	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  TWEN  COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup SEVENTH	TWENTY-
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  TWEN  COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup SEVENTH	TWENTY-
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  TWENTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE	
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Total DSEs         0.00         Total DSEs         0.00	_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
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THIRTY-FIRST SUBSCRIBER GROUP THIRTY-SECOND SUBSCRIBER GROUP	
COMMUNITY/ AREA 0 COMMUNITY/ AREA	
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LEGAL NAME OF OWNER  CABLE ONE, INC.	R OF CABL	E SYSTEM:				S`	906230	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GROU	JP	THI	RTY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
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Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				••				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
Enter here and in block	J, III I I, S	pace = (page 1)				Ψ		

LEGAL NAME OF OWNER  CABLE ONE, INC.	R OF CABL	E SYSTEM:					O06230	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIRTY-	SEVENTH	SUBSCRIBER GROU	JP	THIR	ΓΥ-EIGHTH	SUBSCRIBER GROU	Р	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GROU	JP		FORTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	· <b>r</b>	L*	0.00		<b>F</b>	L*	3.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
Enter here and in block	o, iii le 1, 5	pado L (page 1)				*		

of Base Rate and Syndicat		BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	B
Computar of Base Rate and Syndicar		SUBSCRIBER (FRO)		FORT	ID	CLIBCODIDED ODO:		
of Base Rate and Syndica	U		1-9ECOND	COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	I T-FIKSI	COMMUNITY/ AREA
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	Р	SUBSCRIBER GROU	Y-EIGHTH	FOR	IP	SUBSCRIBER GROU	EVENTH	FORTY-S
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CABLE ONE, INC		E SYSTEM:				S	006230	Name
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		SUBSCRIBER GRO		<del>                                      </del>		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	above.	\$		

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	Р	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GROL	TY-NINTH	FIFT
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ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>ase Rate Fee</b> First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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Enter here and in blo			J F			\$		

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9		SUBSCRIBER GROU	XTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH			
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LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	906230 006230	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVEN	TY-THIRD	SUBSCRIBER GROU	JP	SEVENT	Y-FOURTH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
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Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	·	\$		Base Rate Fee Secon		\$	0.00	
	ITY-FIFTH	SUBSCRIBER GROU		<del> </del>	NTY-SIXTH	SUBSCRIBER GROU		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
			2.25					
Base Rate Fee Third G	iroup	<b>[\$</b>	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
Enter here and in block	J, III IG 1, 5	pace = (page 1)						

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9	0	SUBSCRIBER GROU	I Y-EIGHTH	COMMUNITY/ AREA	<u> </u>	SUBSCRIBER GROU		SEVENTY- COMMUNITY/ AREA
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	D.			TE FEES FOR EACH				
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GROU	Y-THIRD	
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Name								
				BASE RATE FEES FOR EACH SUBSCRIBER GROUP  EIGHTY-SIXTH SUBSCRIBER GROUP				
9		SUBSCRIBER GROU	HTY-SIXTH			SUBSCRIBER GRO	ITY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
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=	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	s <b>ase Rate Fee</b> First Gr
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= = -	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	EIGHTY-SOMMUNITY/ AREA
- -	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	EIGHTY-SOMMUNITY/ AREA
- - - -	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	EIGHTY-SOMMUNITY/ AREA
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	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	EIGHTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	EIGHTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	EIGHTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	EIGHTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	EIGHTY-SOMMUNITY/ AREA
	DSE	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon  EIGH  COMMUNITY/ AREA  CALL SIGN	O.00	SUBSCRIBER GRO	SEVENTH	EIGHTY-SOMMUNITY/ AREA  CALL SIGN
	0.00  P	\$  SUBSCRIBER GROU  CALL SIGN	DSE	Base Rate Fee Second EIGH COMMUNITY/ AREA CALL SIGN	0.00	CALL SIGN	DSE	EIGHTY-S COMMUNITY/ AREA  CALL SIGN  Total DSEs
	DSE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secon  EIGH  COMMUNITY/ AREA  CALL SIGN	O.00	SUBSCRIBER GRO	DSE	EIGHTY-SOMMUNITY/ AREA  CALL SIGN
	0.00  P	\$  SUBSCRIBER GROU  CALL SIGN	DSE Group	Base Rate Fee Second EIGH COMMUNITY/ AREA CALL SIGN	0.00	CALL SIGN	DSE	EIGHTY-S COMMUNITY/ AREA  CALL SIGN  Total DSEs

								CABLE ONE, INC.
				TE FEES FOR EACH				
9	<b>0</b>	SUBSCRIBER GROU	NINTIETH	COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	Y-NINTH	EIGHT COMMUNITY/ AREA
Computa		T	I 50= I			Ι	I 505 I	
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and						-		
Syndicat		-						
Exclusiv								
Surchar								
for								
Partiall								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	Gross Receipts Second Group \$ 0.00			0.00	\$ 0.00		ross Receipts First Gro	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	-SECOND	NINET	IP	SUBSCRIBER GROU	ΓY-FIRST	NINE
	0	COMMUNITY/ AREA 0						OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G

				TE FEES FOR EACH				
9	<b>0</b>	SUBSCRIBER GROU	I-FOUKIH S	COMMUNITY/ AREA	0	SUBSCRIBER GROU	1-1HIKD	NINE I
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	502	O/ILL GIGIT	562	OALL GIGIT	502	CALL GIGIT	502	CALL GIGIT
and						-		
Syndica								
Exclusiv								
Surchar for								
Partial								
Distan						-		
Station								
	0.00	•		Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon				
			·	·			·	·
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	TY-SIXTH	NIN	IP	NINETY-FIFTH SUBSCRIBER GROUP		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	
		\$ \$			0.00	\$ \$		Fotal DSEs  Gross Receipts Third Gr  Base Rate Fee Third Gr

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006230					Name			
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINETY-S	SEVENTH	SUBSCRIBER GROU		NINET	Y-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DSL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr				Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NINET	TY-NINTH	SUBSCRIBER GROU	Р	ONE HU	NDREDTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
***************************************								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e <b>base rate</b> 3, line 1, s <sub>l</sub>	e <b>fees</b> for each subscr pace L (page 7)	iber group	as shown in the boxes at	oove.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006230					Name			
BI	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRE	ED FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED	SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity
								Surcharge
					•••••		0	for
								Partially
								Distant
								Stations
					••••••		0	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr				Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED	FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
***************************************								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	II as shown in the boxes ab	oove.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006230					Name			
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRI	ED FIFTH	SUBSCRIBER GROU	Р	ONE HUNDS	RED SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGIN	DOL	OALL SIGN	DOL	CALL SIGIV	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr				Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED S	SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
,	•				·			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	pove.	\$		

								CABLE ONE, INC.
	_			TE FEES FOR EACH				
9	P <b>0</b>	SUBSCRIBER GROU	ED TENTH		1P <b>0</b>	SUBSCRIBER GROL	D NINTH	
Computat	U			COMMUNITY/ AREA	U			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat						-		
Exclusiv Surchar								
for			<u> </u>					
Partiall								
Distan								
Station								
			<u></u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	s First Group \$ 0.00 Gross Receipts Second Group \$ 0.00				ross Receipts First Gr		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	IP	SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<u> </u>					
	<u></u>		<u> </u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
	1 1					1		

CABLE ONE, IN		O. O. Livi.					006230	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		H		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	•					<del>* 0.00</del>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	FIFTEENTH	I SUBSCRIBER GRO	DUP	ONE HUNDRE	ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP			
COMMUNITY/ AREA	٠		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		
Horo and in bic	.o. o, iiio 1, (	[pago 1]				¥		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006230						Name		
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED SE	VENTEENTH	I SUBSCRIBER GRO	UP	ONE HUNDRED E	EIGHTEENTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$ 0.00		Gross Receipts Second Group \$ 0.00				
noss Neceipis First Group								
a <b>se Rate Fee</b> Firs	t Group	\$	0.00	Base Rate Fee Second Group \$ 0.00				
ONE HUNDRED	NINTEENTH	I SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	A		0	COMMUNITY/ AREA	OMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		II	0.00	Total DSEs			0.00	
otal DSEs				Total DSEs			_	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Poor Pote For A 1	d the beer "	to food for each and	oribor are-	on obourn in the house	above			
ase Rate Fee: Adenter here and in bl			criber group	as shown in the boxes	above.	\$		
						1		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006230	Name
BI	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	ITY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWENT	Y-SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity
								Surcharge
								for
							·	Partially
								Distant
							0	Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	ry-fourth	SUBSCRIBER GROUP		
COMMUNITY/ AREA	NITY/ AREA <b>0</b>			COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
***************************************								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006230	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	NTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	9			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
T D.O.F.			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWENTY	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
***************************************								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 006230	Name
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED		0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<b>9</b> Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP	0	ONE HUNDRED THIRT	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	0		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006230	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIRT	0			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIV	DOL	OALL GIGIN	DOL	ONEE GIGIN	DOL	OALL GIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 006230	Name
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED THIR		0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<b>9</b> Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of	
								Base Rate Fee and Syndicated Exclusivity
								Surcharge for Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	•	\$	0.00	Base Rate Fee Second	•	\$	0.00	
ONE HUNDRED THIR COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GROUP	0	ONE HUNDRED F	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNEF CABLE ONE, INC.	R OF CABLI	E SYSTEM: 					O06230	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FOR	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FORT	9			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0,122 01011	562	67.EE 6.614	562	SALE SIGH	202	ONLE GIOIT	502	Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	ΓΥ-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 006230	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED FOR	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED FO		0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<b>9</b> Computation			
CALL SIGN	DSE	CALL SIGN	DSE CALL SIGN DSE	DSE	CALL SIGN	of		
								Base Rate Fee and Syndicated Exclusivity
								Surcharge for Partially Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	•	\$	0.00	Base Rate Fee Second	•	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		1	TY-EIGHTH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	ove.	\$		

	006230							CABLE ONE, INC.
	_			TE FEES FOR EACH				
9		SUBSCRIBER GROU	) FIFTIETH		1P <b>0</b>	SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED FORT
Computat	0		COMMUNITY/ AREA	U			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv								
Surchare for								
Partiall								
Distant								
Station								
							-	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-SECOND	ONE HUNDRED FIFT	IP	SUBSCRIBER GROU	TY-FIRST	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006230	Name
BI	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FIFT		•		
COMMUNITY/ AREA			0	COMMUNITY/ AREA0				<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
							·	for
								Partially Distant
								Stations
					••••••		0	Otations
***************************************								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED FIR	TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	O06230	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FIF		•		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIR	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	D SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u>\$</u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		
	. , , -							