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
	\$
	ALLOCATION NUMBER
2-28-20	

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	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account Check here if this is the system's first filling. If not, enter the system's ID	ss of the cable syster on the last day of to	em. he accounting period should so	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	CABLE ONE, INC.			
				00623520192
				006235 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	of the system, if di	fferent from the address gi	ven in space B.
System	1 SPARKLIGHT			
	MAILING ADDRESS OF CABLE SYSTEM: 310 N. VAN BUREN (Number, street, rural route, apartment, or suite number) ELK CITY, OK 73644 (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	relist on page 1b
Area	with all communities.	· · · ·	•	
Served	CITY OR TOWN	STATE		
First	ELK CITY	ок		
Community	Below is a sample for reporting communities if you report multiple ch	nannel line-ups in	Space G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
-	Alliance	MD	В	2
	Gering	MD	В	3

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
CABLE ONE, INC.			006235						
OABLE ONE, INO.									
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should b	e reported in pare	entheses						
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-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber gro								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
ELK CITY	OK			First					
BECKHAM COUNTY	OK			Community					
CLINTON	OK								
CORDELL	OK								
GREER COUNTY	OK								
HOBART	OK			See instructions for					
KIOWA COUNTY	OK			additional information					
MANGUM	OK			on alphabetization.					
SAYRE	OK								
				Add rows as necessary.					
				rida 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#

006235

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			
	NO. OF					NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:				Ш				
 Service to first set 	1,845	\$	40.00	Ш				
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel	418	\$	8.00	1				
Commercial	221	\$	36.00	1				
Converter				1				
 Residential 				11				
 Non-residential 								
		h		1 h	<u></u>			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLO	CK 1			BLOCK 2		
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE					
Continuing Services:			Installation: Non-residential					
 Pay cable 			Motel, hotel			EXPANDED BASIC	\$	44.00
 Pay cable—add'l channel 			Commercial			COMMERCIAL DMS	\$	40.00
 Fire protection 			• Pay cable	• Pay cable				7.00
Burglar protection			Pay cable-add'l channel			НВО	\$	18.00
Installation: Residential			• Fire protection			SHOWTIME	\$	18.00
First set	\$	90.00	Burglar protection			STARZ/ENCORE	\$	18.00
Additional set(s)	\$	60.00	Other services:			DVR	\$	15.00
 FM radio (if separate rate) 			• Reconnect	\$	60.00	HDTV RECEIVER	\$	5.00
 Converter 			Disconnect			CINEMAX	\$	18.00
			Outlet relocation	\$	60.00	DVP	\$	15.00
			Move to new address	\$	30.00	TIVO-Q	\$	15.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006235 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 1. CALL 4. DISTANT? 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) **KAUT** 19.2 OKLAHOMA CITY, OK ı **KFOR** 27 Ν OKLAHOMA CITY, OK See instructions for additional information **KOCB** 33 ı OKLAHOMA CITY, OK on alphabetization. KOCO 7 Ν OKLAHOMA CITY, OK KOKH 24 ı OKLAHOMA CITY, OK **KOPX 50** I OKLAHOMA CITY, OK **KSBI** 51 ı OKLAHOMA CITY, OK Ε **KWET** 8 CHEYENNE, OK 9 **KWTV** Ν OKLAHOMA CITY, OK KNUT-DT2 19.2 I-M OKLAHOMA CITY, OK KOCB-DT2 33.2 I-M OKLAHOMA CITY, OK **KOCB-DT3** 33.3 I-M OKLAHOMA CITY, OK **KOKH-DT2** 24.2 I-M OKLAHOMA CITY, OK **KOKH-DT3** 24.3 I-M OKLAHOMA CITY, OK **KWTV-DT2** 9.2 I-M OKLAHOMA CITY, OK

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				006235	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 981, permitting the	(1) stations carrience carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
substitute program bas	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television	
	here in space	G—but do lis		ne Special Statem	ent 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 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 smay 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 cast), "I" (for independent), "I-M"		
(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 ctions located in t	ommercial educational multicast).		
planation of local servi Column 5: If you h	ice area, see p ave entered "Y	age (v) of the es" in columr	general instruct 4, you must co	tions located in th mplete column 5,			
carried the distant stat	ion on a part-ti sion of a distan	me basis bec t multicast str	ause of lack of a eam that is not	activated channel subject to a royalt			
the cable system and a tion "E" (exempt). For	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repression you carried the	esenting the prima channel on any o	ther basis, enter "O." For a further each in the paper SA3 form.		
Column 6: Give the	e location of ea Canadian statio	nch station. Fo	or U.S. stations, we the name of t	list the communithe community with	y to which the station is licensed by the h which the station is identifed.		
Note. If you are dumen	ig multiple cha	•	EL LINE-UP	•	i channer inte-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	I						

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006235 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006235 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 AD 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#		
CABLE ONE, II	NC.				006235	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), 76 substitute program ba	6.61(e)(2) and (sis, as explaine	(4), or 76.63 (ed in the next	referring to 76.6 paragraph.	31(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television	
basis under specifc F0Do not list the station station was carried	n here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the		
• List the station here,	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	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		
			-		tion for broadcasting over-the-air in smay be different from the channel		
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	ommercial educational multicast).		
-	ave entered "Y	es" in column	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system		
of a written agreemen	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	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 wit	y to which the station is licensed by the handle had been had been the station is identifed. In channel line-up.		
		CHANN	EL LINE-UP	AE			
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)			

LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006235	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	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), 76	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary
substitute program ba Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F0	CC rules, regul	ations, or autl	norizations:			
 Do not list the station station was carried 			st it in space I (th	ne Special Statem	nent and Program Log)—if the	
• List the station here,	and also in spanformation con	ace I, if the st			itute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			•	,	tion for broadcasting over-the-air in	
its community of licens	se. For exampl	e, WRC is Ch	-		s may be different from the channel	
on which your cable sy	•		tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
educational station, by	entering the le	etter "N" (for n	etwork), "N-M"	(for network multi	cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	, .		, .	,	commercial educational multicast).	
Column 4: If the st	tation is outside	e the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local serv					e paper SA3 form. stating the basis on which your	
			•	•	stating the basis on which your stating the basis on which your stating the basis on which your	
carried the distant stat						
					y payment because it is the subject stem or an association representing	
the cable system and	a primary trans	smitter or an a	ssociation repre	esenting the prima	ary transmitter, enter the designa-	
` '			•	•	other basis, enter "O." For a further ed in the paper SA3 form.	
					ty to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing				•	h which the station is identifed.	
Trote. If you are utilizing		•	EL LINE-UP	•	r charmer line up.	
	T					
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	NUMBER	STATION	, ,	(If Distant)		
				,		
						1
						•

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006235	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	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
•	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:
				s carried by your	cable system on a substitute program	Television
 basis under specifc FC Do not list the station 				ne Special Statem	ent and Program Log)—if the	
station was carried	only on a subs	titute basis.	. ,	·		
	nformation cond				tute basis and also on some other of the general instructions located	
		•			es such as HBO, ESPN, etc. Identify	
cast stream as "WETA			•	•	ation. For example, report multi- ch stream separately; for example	
			•		tion for broadcasting over-the-air in	
its community of licens on which your cable sy		•	nannel 4 in Was	hington, D.C. This	s may be different from the channel	
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi-	cast), "E" (for n	oncommercia	al educational), d	or "E-M" (for nonc	commercial educational multicast).	
For the meaning of the Column 4: If the st					he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi	ice area, see p	age (v) of the	general instruc	tions located in th	e paper SA3 form.	
			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	capacity.	
					y payment because it is the subject stem or an association representing	
•				•	ary transmitter, enter the designa-	
					ther basis, enter "O." For a further ed in the paper SA3 form.	
					y to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing					h which the station is identifed.	
Note: If you are utilizing	ng muitiple cha	•	•	•	i channei iine-up.	
	1	CHANN	EL LINE-UP	AG		
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)		
				Í		
						•

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006235	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
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
	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.						
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
Column 2: Give the its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in 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	simulcasts, als	o enter "E". If	you carried the	channel on any o	ry 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 n which the station is identifed. I channel line-up.	
		CHANN	EL LINE-UP	AH		
1. CALL SIGN	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006235 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 AI 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 006235 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006235 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 006235 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)

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006235	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	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
_	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:
				s carried by your	cable system on a substitute program	Television
basis under specifc FC				no Special Statem	ent and Program Log)—if the	
station was carried	•		st it iii space i (ii	ie Speciai Statem	ent and Program Log)—II the	
	nformation cond				tute basis and also on some other of the general instructions located	
		•			es such as HBO, ESPN, etc. Identify	
cast stream as "WETA			•	•	ation. For example, report multi- ch stream separately; for example	
			•		tion for broadcasting over-the-air in	
on which your cable sy	stem carried tl	ne station.			s may be different from the channel	
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
•	, .		, .	,	ommercial educational multicast).	
For the meaning of the Column 4: If the st					es". If not, enter "No". For an ex-	
planation of local servi						
_			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	capacity.	
					y payment because it is the subject stem or an association representing	
•				•	ary transmitter, enter the designa-	
					ther basis, enter "O." For a further	
					ed in the paper SA3 form. y to which the station is licensed by the	
					n which the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
	1	CHANN	EL LINE-UP	AM		_
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)		
	NOWIDER	STATION		(II Distant)		-
]				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006235 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 AN 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 006235 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006235 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 AP 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 006235 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	IER OF CABLE S	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006235	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	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), 76	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	-	and (2) certain stations carried on a	Primary
substitute program bas				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F0	CC rules, regul	ations, or autl	horizations:			
station was carried	•		st it in space i (tr	ne Special Statem	nent and Program Log)—if the	
The state of the s	nformation con				itute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast). Column 2: Give th	e channel num	ber the FCC	has assigned to	the television sta	tion for broadcasting over-the-air in	
its community of licens	se. For exampl	e, WRC is Ch	-		s may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	lependent station, or a noncommercial	
	•	,	, .	•	cast), "I" (for independent), "I-M" commercial educational multicast).	
For the meaning of the	ese terms, see	page (v) of th	ne general instru	ctions located in t	the paper SA3 form.	
column 4: If the st					es". If not, enter "No". For an ex-	
Column 5: If you h	ave entered "Y	es" in columr	n 4, you must co	mplete column 5,	stating the basis on which your	
carried the distant stat		•	• • • • • • • • • • • • • • • • • • • •	•	ntering "LAC" if your cable system capacity.	
					ty payment because it is the subject vstem or an association representing	
•				•	ary transmitter, enter the designa-	
` '			•	•	other basis, enter "O." For a further ed in the paper SA3 form.	
					ty to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing				•	th which the station is identifed.	
Troto: II you are uniizii		•	EL LINE-UP	•	Totalillo illio up.	
		T				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
0.014	NUMBER	STATION	` ′	(If Distant)		
]
						1

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LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				006235	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable s	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), 76	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:	
	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
basis under specifc FC				no Special Statem	ent and Program Log)—if the		
station was carried	•		st it iii space i (ii	ie Speciai Statem	ent and Program Log)—II the		
	nformation cond				tute basis and also on some other of the general instructions located		
		•			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	has assigned to	the television stat	tion for broadcasting over-the-air in		
its community of licens on which your cable sy		•	nannel 4 in Was	hington, D.C. This	s may be different from the channel		
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial		
	•	,	, .	•	cast), "I" (for independent), "I-M" ommercial educational multicast).		
For the meaning of the	ese terms, see	page (v) of th	ne general instru	ictions located in t	he paper SA3 form.		
Column 4: If the st planation of local servi					es". If not, enter "No". For an ex-		
					stating the basis on which your		
_		•	• •	•	tering "LAC" if your cable system		
carried the distant stat For the retransmiss					capacity. y payment because it is the subject		
of a written agreement	t entered into o	n or before J	une 30, 2009, be	etween a cable sy	stem or an association representing		
-			•	• .	ry transmitter, enter the designa- ther basis, enter "O." For a further		
explanation of these th	ree categories	, see page (v) of the general	instructions locate	ed in the paper SA3 form.		
					y to which the station is licensed by the hy which the station is identifed.		
Note: If you are utilizing							
		CHANN	EL LINE-UP	AT		-	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1	
SIGN	CHANNEL		(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
***************************************						'	
						•	
	I	1					

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006235 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				006235	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		
Do not list the station	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.							
 List the station here, basis. For further ir in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located			
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 smay 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 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-			
cable system carried t carried the distant stat	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 capacity.			
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 ssociation repre	etween a cable sy esenting the prima	y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further			
explanation of these the Column 6: Give the FCC. For Mexican or 0	nree categories e location of ea Canadian static	, see page (v nch station. Fo ns, if any, giv	of the general or U.S. stations, we the name of t	instructions locate list the communit he community with	ed in the paper SA3 form. by to which the station is licensed by the hand is identifed.			
Note: If you are utilizing	ng multiple cha	•	use a separate EL LINE-UP	•	n channei iine-up.			
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)	6. LOCATION OF STATION			
			•					
						1		

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006235	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.	31(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0Do not list the station station was carried	n here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	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	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	
			-		tion for broadcasting over-the-air in s may be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for r ese terms, see	oncommercia page (v) of th	al educational), one general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
	nave entered "Y	es" in column	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
of a written agreemen	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not a 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 hree categories	o enter "E". If , see page (v	you carried the of the general	channel on any o	ary transmitter, enter the designa- other 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 hand hand hand hand hand hand hand hand	
		CHANN	EL LINE-UP	AW		
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)		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 006235 CABLE ONE, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

LEGAL NAME OF OWNER OF CABLE ONE, INC.	CABLE SYST	EM:				S	006235	Name		
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMF	NT AND PROGRAM LOC	 3						
In General: In space I, ident substitute basis during the a explanation of the programm form.	ify every no	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former FC	a distant stat CC rules, regu	ulations, or a	uthorizations	. For a further	Substitute Carriage:		
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is	"Yes," you m	nust complet	e the progra	m			
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant state gulations, contion. Do not be used to b	attach addition nnetwork televion and that your authorization of use general BA Basketball: deast live, enterstation broader on's location (tlons, if any, the when your system of the program carrolisted program ons in effect design and the program on the program of the pr	rision program (substitute pour cable system substitute pour cable system substitute ins. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Pasting the substitute programe community to which the community with which the other carried the substitute or gram was carried by your ied by a system from 6:01:	program) that ed for the properal instruct r "basketball No." am. station is lic station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the left of forms of the station is the station is ide program.	t, during the ogramming of the second located. ". List specified by the entified). e numerals, n. List the time task of the second located by the entified	accounting f another sta in the pape fic program e FCC or, in with the mon nes accurate should be was require te listed pro	ation r nth			
9	LIRSTITLIT	E PROGRAM	1		EN SUBSTI	_	7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES TO	FOR DELETION			
					-					
					-					
					-					
					-	_				
					-	_				
					-					
					-	_				
					-					
				1	-	_				
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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 006235 **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	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
CAI	BLE ONE, INC.		006235	Name
Inst all a (as i	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentifed in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions.	ondary transmission	service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s)	•	546 040 06	
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross	546,910.36 receipts)	
InstruConConIf yo fee tIf yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur 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. ur system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.			L 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 o	f	
▶ 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 b	lock	
	iow. Irt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on lin	е	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	e is 1.064 percent of	the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	<u> </u>	546,910.36	
	Enter the result here. This is your minimum fee.	¢	5,819.13	
	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. No—Leave block 3 below blank and on the space of the post of	mn 4, you must check	ζ	
Block	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	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	5,819.13	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.		0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	_\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	6,544.13	form for submitting the additional fees.
	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		auditional 1665.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 006235								
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.									
Chambio	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 8512-2626 (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.	∍m								
	• 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.	"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 II	Namo						
CABLE ONE, INC. 00623	5						
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."	Special Statement Concerning						
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.							
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?							
X NO							
YES. Enter the total here and list the satellite carrier(s) below							
Name Mailing Address Mailing Address Mailing Address Mailing Address 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							
x 0.00274							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)							
(interest charge)	_						
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.							
Owner Address							
First community served Accounting period							
ID number							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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#										
I	CABLE ONE, INC.					006235					
	Add the DSEs of each station Enter the sum here and in line	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.									
2 Computation of DSEs for	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-										
Category "O"	moroidi oddodiionai oldiion, giv	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Add rows as necessary.											
Remember to copy all formula into new rows.											
				<u> </u>							

			=
	I		

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

Name	CABLE ONE,	INC.					S	006235
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:	t the call sign of all dista For each station, give the correspond with the infor For each station, give the Divide the figure in colu at least to the third decire For each independent s	ne number of hours y mation given in space he total number of hours imm 2 by the figure in hal point. This is the station, give the "type flumn 4 by the figure	your cable system to J. Calculate on ours that the station column 3, and g "basis of carriage e-value" as "1.0."	n carried the static ly one DSE for ea on broadcast over ive the result in do e value" for the sta For each network	on during the accounting ach station. The air during the accounting to the accounting the accou	unting period. is figure must cational station, ess than the	
Capacity		(ATEGORY LAC	STATIONS: (COMPUTATIO	N OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEN	R 3. NU JRS OF ED BY ST	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	SE
			÷	=		X	=	
			÷ ÷	=		x	=	
			÷	=		x	=	
			÷ ÷	=======================================		X	= =	
			÷	=		x	=	
	Add the DSEs of	OF CATEGORY LAC S of each station. on here and in line 2 of page		=		0.00	=	
Computation of DSEs for Substitute-Basis Stations	 Was carried tions in effections in effections in effections. Broadcast or space I). Column 2: Fat your option. Tolumn 3: Ecolumn 4: Dolumn 4: Dolum	e the call sign of each state by your system in substat on October 19, 1976 (ne or more live, nonnetword for each station give the This figure should correstanter the number of days Divide the figure in column this is the station's DSE	itution for a program as shown by the letter ork programs during to number of live, nonrespond with the information the calendar years of the calendar yea	that your systemer "P" in column 7 that optional carriantetwork programs ation in space I. 1: 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by the carried in substitute I leap year.	delete under FCC rules ne word "Yes" in column 2 rution for programs that	of were deleted than the third	rm).
		SU	BSTITUTE-BAS	IS STATIONS	S: COMPUTAT	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷				÷		
		<u>-</u>				÷		=
		-				÷		=
						÷		=
	Add the DSEs of	OF SUBSTITUTE-BASI	S STATIONS:		▶	0.00		
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the am applicable to your system DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●	1.	in parts 2, 3, and		and add them to provide	0.00 0.00 0.00	
	TOTAL NUMBER	R OF DSEs				<u> </u>		0.00

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

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID#	
CABLE ONE, I	NC.							006235	Name
Instructions: Bloc In block A:	•								6
 If your answer if 'schedule. 	"Yes," leave the re	emainder of p	art 6 and part 7	of the DSE sched	lule blank and	l complete part	8, (page 16) of th	е	6
• If your answer if	"No," complete blo	cks B and C			ADVETO				Computation of
Is the cable syster	m located wholly o	utside of all m		ELEVISION M.		ction 76.5 of EC	C rules and regul	lations in	3.75 Fee
effect on June 24,							oo rules and regul	iduona in	
☐ No—Comp	olete blocks B and	C below.							
		BI O	CK B: CARR	IAGE OF PERI	MITTED DS	iFs			
Column 1: CALL SIGN	under FCC rules	of distant sta and regulation of DSE Scheo	ations listed in pons prior to Jundule. (Note: The	part 2, 3, and 4 of t e 25, 1981. For ful e letter M below re	this schedule the	that your syste	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rule) A Stations carried 76.61(b)(c)] B Specialty station C Noncommerical D Grandfathered instructions for E Carried pursuants.*	les and reguled pursuant to as defined al educational station (76.6 or DSE schedant to individuviously carries affects and the station will be a station wil	ations cited be to the FCC mar I in 76.5(kk) (76 I station [76.59 55) (see paragrule). I al waiver of FC I d on a part-time ithin grade-B co	e or substitute bas ontour, [76.59(d)(5	se in effect on a.57, 76.59(b), (1), 76.63(a) 3(a) referring stitution of gradius prior to Jun	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta	5.63(a) referring to		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from _I	part 5 of this s	schedule					
Line 2: Enter the	•								
Line 3: Subtract (If zero, lo	line 2 from line 1 eave lines 4–7 bl			•		ate.			
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here				×		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

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

B		COMPUTATION OF		TE FEES FOR EAC				
	FIRST	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		0.120.10.11			202		202	Base Rate
		-						and
								Syndicat
								Exclusiv
								Surchar
								for
								Partiall Distan
								Station
								Otation
		-						
			<u></u>					
			<u> </u>					
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gr	oup	\$ 546	,910.36	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Gro	ouro.	\$	0.00	Base Rate Fee Sec	and Group	\$	0.00	
		Ψ		Buse Rule Fee 666		Ψ	0.00	
	THIRD	SUBSCRIBER GROU	<u>P</u>		FOURTH	SUBSCRIBER GRO	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<u> </u>					
			 					
		· · · · · · · · · · · · · · · · · · ·	·•					
						•		
otal DSEs			0.00	Total DSEs			0.00	
	OUD	s			rth Group	<u> </u>	_	
	oup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
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Gross Receipts Third G		\$				\$ \$	_	
ross Receipts Third G			0.00	Gross Receipts Fou			0.00	
	oup	\$	0.00	Gross Receipts Fou	rth Group		0.00	

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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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= - - -	0.00 P	\$ SUBSCRIBER GROU	d Group EIGHTH	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr
- - - - -	0.00 P	\$ SUBSCRIBER GROU	d Group EIGHTH	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr
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	0.00 P	\$ SUBSCRIBER GROU	d Group EIGHTH	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr
	0.00 P	\$ SUBSCRIBER GROU	d Group EIGHTH	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr
	0.00 P	\$ SUBSCRIBER GROU	d Group EIGHTH	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr
	0.00 P	\$ SUBSCRIBER GROU	d Group EIGHTH	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr
	0.00 P	\$ SUBSCRIBER GROU	d Group EIGHTH	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr
	0.00 P	\$ SUBSCRIBER GROU	d Group EIGHTH	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr
	0.00 P	\$ SUBSCRIBER GROU	d Group EIGHTH	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr
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	O.00 P OSE	\$ SUBSCRIBER GROU	d Group EIGHTH	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	0.00 DSE	SUBSCRIBER GROU	SEVENTH	CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH DSE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	SUBSCRIBER GROU	DSE	CALL SIGN Cotal DSEs
	O.00 P OSE	\$ SUBSCRIBER GROU	d Group EIGHTH DSE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	0.00 DSE	SUBSCRIBER GROU	DSE	Base Rate Fee First Gr
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LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S\	O06235	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				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
							<u></u>	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	
E	LEVENTH	SUBSCRIBER GROU	JP		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	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	oove.	\$		
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CABLE ONE, IN	C.						006235	Name
				ATE FEES FOR EAC				
		I SUBSCRIBER GRO		 		SUBSCRIBER GRO		9
COMMUNITY/ AREA	······································		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
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								for
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								Distant
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
recorrection in the	Огоир			Cross Resemble Sec	ona Group	*	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIFTEENTH	I SUBSCRIBER GRO)UP		SIXTEENTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	٨		0	COMMUNITY/ ARE	A		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	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
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Base Rate Fee: Add	I the base ra		scriber group	as shown in the boxe	s above.			
Enter here and in blo								-

CABLE ONE, INC	•						006235	
				ATE FEES FOR EAC				
	NTEENTH	SUBSCRIBER GRO		H		1 SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	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 C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First C	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
N	INTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL CICAL	Tper	II CALL CICAL	I DOE	CALL CICAL	Lper	II CALL SIGN	Doc	
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	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.000 Accompto Timu	up	*			3 134p	*		
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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Base Rate Fee: Add t	he base ra t	te fees for each subs	criber aroup	as shown in the boxes	s above.			

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	906235	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIRST	SUBSCRIBER GRO	UP	TWENT	Y-SECOND	SUBSCRIBER GROU	IP	•
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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								Partially Distant
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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 G	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO	UP	TWENT	Y-FOURTH	SUBSCRIBER GROU	IP	
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	iroun	<u> </u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
C.000 Receipts Tillia G	лочр	*	<u> </u>	TOOS ROSSIPIS I OUITI	. Стоир	*	<u> </u>	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
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Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes a	bove.	\$		

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	ID	BER GROUP SUBSCRIBER GROU				COMPUTATION OF SUBSCRIBER GROU		
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		SUBSCRIBER GROU		TWEN	JP		•	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY-
	0		TY-EIGHTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	-SEVENTH	TWENTY- OMMUNITY/ AREA CALL SIGN
	DSE		DSE	TWEN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	TWENTY- OMMUNITY/ AREA CALL SIGN otal DSEs
	0 DSE	CALL SIGN	DSE	TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	TWENTY- COMMUNITY/ AREA CALL SIGN Total DSEs
	0 DSE	CALL SIGN	DSE OF OUT OF THE PROPERTY OF	TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	SEVENTH	COMMUNITY/ AREA

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 006235	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-NINTH	SUBSCRIBER GROU	JP	-	THIRTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 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	oun	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Cross Resciptor net Cr	очр	<u> </u>		Cross recorpts econts	а Отоар			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	JP	THIRT	/-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
					l		•	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
			riber group	as shown in the boxes al	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

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						COMPUTATION O		
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	RTY-THIRD	
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-	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco TH COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	Sroup RTY-FIFTH	ase Rate Fee First G
-	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco TH COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	Sroup RTY-FIFTH	ase Rate Fee First G
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	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco TH COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	Group	ase Rate Fee First G THIR OMMUNITY/ AREA
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LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				S	YSTEM ID# 006235	Name
				TE FEES FOR EAC				
	SEVENTH	SUBSCRIBER GROU		 		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						.		and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
		_				•		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THIR'	TY-NINTH	SUBSCRIBER GROU	JP		FORTIETH	I SUBSCRIBER GROL	JP	
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 Four	th Group	\$	0.00	
							 -	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Nam								
				TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	Y-SECOND	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GROU	Y-FIRST	COMMUNITY/ AREA
Computa								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	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-FOURTH	FORT	IP	SUBSCRIBER GROU	Y-THIRD	FORT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<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					·		

EGAL NAME OF OWI		LL OTOTEIVI.					006235	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		II		SUBSCRIBER GROU		9
COMMUNITY/ AREA	<i></i>		0	COMMUNITY/ AREA			0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
roos recocipio i iiot	Стоир		0.00	Cross rescipts esset	эна Огоар		0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FORT	Y-SEVENTH	SUBSCRIBER GRO	UP	FO	RTY-EIGHTH	I SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
		П						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	1.0	¢	0.00	Base Rate Fee Four	th Group	\$	0.00	
ase Rate Fee Third	d Group	4	0.00	Base Nate I ce I out	штолоар	Ψ	0.00	
ase Rate Fee Third	d Group	φ	0.00	Base Nate Fee Four		•	0.00	
	· 	te fees for each subs		as shown in the boxes			0.00	

CABLE ONE, INC.							006235	Name
				TE FEES FOR EAC				
	TY-NINTH	SUBSCRIBER GRO		#		SUBSCRIBER GRO		9
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA	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
								Stations
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	*	0.00	Gross Receipts Sec	and Group	¢	0.00	
31055 Receipts Filst G	Toup	3	0.00	Gross Receipts Sect	ona Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FII	TY-FIRST	SUBSCRIBER GRO	UP	FIF	TY-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th	ne base ra t	e fees for each subsc	criber aroun	as shown in the boxes	above			

CABLE ONE, INC.							006235	Name
				TE FEES FOR EAC				
	TY-THIRD	SUBSCRIBER GRO		†		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate I
	<u></u>	-						and
								Syndicate Exclusivit
	<u></u>							Surcharge
								for
								Partially
								Distant Stations
	<u></u>							Stations
otal DSEs	_	Ш	0.00	Total DSEs			0.00	
					10			
ross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIF	TY-FIFTH	SUBSCRIBER GRO	UP		FIFTY-SIXTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
	<u></u>							
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	auori	s	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
lase Rate Fee Third G		7		11		1 T	J.J.	
Sase Rate Fee Third G								
ase Rate Fee Third C								

CABLE ONE, IN	C.						006235	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		1		SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
								and
								Syndicate
								Exclusivit Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·				·			
sase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIFTY-NINTH	I SUBSCRIBER GRO	DUP		SIXTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		L	3.56			<u>[*</u>	0.30	
			scriber group	as shown in the boxes	s above.			
Enter here and in blo	ock 3, line 1,	space L (page 7)				\$		

9		BER GROUP	SUBSCRI	TE FEES FOR EACH	DACEDA			
0	D 1	CLIBCODIDED CDC:						
9	0	SUBSCRIBER GROU	Y-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROL	IY-FIRST	COMMUNITY/ AREA
Computa								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate			-					
and Syndica								
Exclusiv								
Surchar								
for								
Partial								
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Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	iross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr
	Р	SUBSCRIBER GROU	Y-FOURTH	SIXT	IP	SUBSCRIBER GROU	Y-THIRD	SIXT
	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
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	oup	Base Rate Fee Third G

	006235			TE EEEO EOD EAOU	- DAOE DA			
						COMPUTATION O		
9		SUBSCRIBER GROU	XTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computati	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and							-	
Syndicate								
Exclusivit Surcharg								
for			<u> </u>				···-	
Partially								
Distant		-						
Stations								
1		-	<u> </u>					
]								
	0.00			Total DSEs	0.00			otal DSEs
	_							
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Gross Receipts Secon		\$	oup	iross Receipts First Gr
	0.00	\$ \$	·	Gross Receipts Secon	0.00	\$ \$	·	iross Receipts First Gr ase Rate Fee First Gr
	0.00		d Group	Base Rate Fee Secon	0.00	\$ \$ SUBSCRIBER GRO	oup	ase Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00		oup	ase Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00 0.00		oup	ase Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00 0.00		oup	ase Rate Fee First Gr
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIX* COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	OUP	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIX* COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	OUP	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIX* COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	OUP	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIX* COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	OUP	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIX* COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	OUP	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIX* COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	OUP	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIX* COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	OUP	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIX* COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	OUP	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIX* COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	OUP	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIX* COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	OUP	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIX* COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	OUP	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIX* COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	OUP	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SIXT COMMUNITY/ AREA CALL SIGN	0.00 P DSE	SUBSCRIBER GRO	OUP	SIXTY-SOMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE	Base Rate Fee Secon SIX* COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	CALL SIGN	DSE	SIXTY-S OMMUNITY/ AREA CALL SIGN otal DSEs
	0.00 P	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secon SIXT COMMUNITY/ AREA CALL SIGN	0.00 P DSE	SUBSCRIBER GRO	DSE	SIXTY-SOMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE	Base Rate Fee Secon SIX* COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	CALL SIGN	DSE	SIXTY-S OMMUNITY/ AREA CALL SIGN otal DSEs

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 006235	Mana
				TE FEES FOR EAC				
	TY-NINTH	SUBSCRIBER GROU				I SUBSCRIBER GROU		9
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	·	\$	0.00	Base Rate Fee Seco	•	\$ CURSORIES OROL	0.00	
COMMUNITY/ AREA	NIY-FIRSI	SUBSCRIBER GROU	0	COMMUNITY/ AREA		SUBSCRIBER GROU		
OOMMONT IT AREA							0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Name								
]						COMPUTATION C		
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computati	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
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Exclusivi Surcharg								
for		-						
Partially								
Distant								
Stations								
"								
_								
1	0.00			Total DSEs	0.00			otal DSEs
	0.00							
	_	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	ross Receipts First G
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	ross Receipts First G
	_	\$ \$		Gross Receipts Secon		\$ \$	·	·
	0.00		nd Group	Base Rate Fee Secon	0.00	\$ \$ SUBSCRIBER GRO	roup	Bross Receipts First Greater Rate Fee First Greater Seven
=	0.00	\$	nd Group	Base Rate Fee Secon	0.00		roup	a se Rate Fee First Gi
=	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN
-	0.00 0.00	\$	nd Group	Base Rate Fee Secon	0.00		roup	s ase Rate Fee First Gi SEVEN
= - -	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN
= - -	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	ase Rate Fee First Gi SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	ase Rate Fee First Gi SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN
	0.00 P 0SE	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	roup	SEVEN COMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE	Base Rate Fee Second SEVE COMMUNITY/ AREA CALL SIGN	0.00 DSE 0.00	CALL SIGN	DSE	SEVEN COMMUNITY/ AREA CALL SIGN otal DSEs
	0.00 P 0SE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Second SEVE COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	SEVEN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE	Base Rate Fee Second SEVE COMMUNITY/ AREA CALL SIGN	0.00 DSE 0.00	CALL SIGN	DSE	SEVEN COMMUNITY/ AREA CALL SIGN Total DSEs

CABLE ONE, INC		E SYSTEM:				S	006235	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			DUP DSE DSE 0.000 0.000	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
			·····					Distant
								Stations
	·······							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		-		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
	······							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

				TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	Y-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROU	I Y-FIRST	EIGH COMMUNITY/ AREA
Computa	T DOE	L CALL CICAL	T DOE T	CALL CICAL	I DOE	L CALL CICAL	DOE I	CALL CICN
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and			<u></u>					
Syndicat								
Exclusiv								
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Station			<u></u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	aup.	ase Rate Fee First Gr
	0	SUBSCRIBER GROU	Y-FOURTH		0	SUBSCRIBER GROU	Y-THIRD	
	<u> </u>			COMMUNITY/ AREA	U			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
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	oup	Base Rate Fee Third G

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:					O06235	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-FIFTH	SUBSCRIBER GROU	JP	EIGI	HTY-SIXTH	SUBSCRIBER GROUP	>	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						_		Exclusivity
					<u> </u>			Surcharge for
								Partially
					<u> </u>			Distant
								Stations
			• • •				• • • •	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
EIGHTY-	SEVENTH	SUBSCRIBER GROU	JP	EIGH1	ΓΥ-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
	···				<u> </u>			
					<u> </u>			
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					<u> </u>			
			<u> </u>		<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup		0.00	Gross Receipts Fourth	Group	\$	0.00	
	r				- · P			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	bove.	\$		
	•	. ,						

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	ID	BER GROUP SUBSCRIBER GROU		ATE FEES FOR EAC		COMPUTATION O SUBSCRIBER GRO		
9	0	SUBSCRIBER GROU	INIINTIETH	COMMUNITY/ AREA	0	SUBSCRIBER GRO	11 f-INIIN I FI	COMMUNITY/ AREA
Comput								ON MONTH IT THE
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat								
and								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	ross Receipts First G
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	0.00		d Croup	Base Rate Fee Seco	0.00		roup	ase Rate Fee First G
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	IP	SUBSCRIBER GROU	Y-SECOND	NINE	UP	SUBSCRIBER GRO	ETY-FIRST	NINE
	0				0			OMMUNITY/ AREA
				COMMUNITY/ AREA				
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	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	0.00	CALL SIGN		Total DSEs	DSE	CALL SIGN		otal DSEs
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	0.00			Total DSEs	DSE			CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G

CABLE ONE, INC.							006235	
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	ı y-THIRD	SUBSCRIBER GRO		†		SUBSCRIBER GRO		9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and
	<u></u>							Syndicate
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	<u></u>							Surcharg for
	<u> </u>					-		Partially
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otal DSEs			0.00	Total DSEs			0.00	
iross Receipts First G	roup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
roos recopio i noi o	очр		0.00	Cross Redelpts dec	ona Group	*		
ase Rate Fee First G	roup	•	0.00	Base Rate Fee Sec	and Group	•	0.00	
ase Rate Fee First G		\$	0.00	Base Rate Fee Sec	ona Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	N	IINETY-SIXTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
		TI						
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otal DSEs			0.00	Total DSEs			0.00	
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3ase Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
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ase Rate Fee Third G	Group		0.00	Base Rate Fee Fou	irth Group	\$	0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	= SYSTEM:					O06235	Name
BI	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINETY-S	EVENTH	SUBSCRIBER GROU	IP	NINET	Y-EIGHTH	SUBSCRIBER GROUP)	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN							DSE	of
								Base Rate Fee
						_		and
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								for Partially
								Distant
								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	
NINET	Y-NINTH	SUBSCRIBER GROU	IP	ONE HU	NDREDTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		

EGAL NAME OF OWNER CABLE ONE, INC.							006235	Name
				TE FEES FOR EAC				
	ED FIRST	SUBSCRIBER GRO		Ħ		SUBSCRIBER GRO		9
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								Base Rate F
								and
								Syndicated
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otal DSEs			0.00	Total DSTo			0.00	
			(Total DSEs				
ross Receipts First Gr	roup	<u>\$</u>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	ONE HUNDF	RED FOURTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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nce Bete Feet Additi	o becs ==-	o food for each substitute	oribor and	as shown in the boxes	n obove			

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				SY	STEM ID# 006235	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDR	ED FIFTH	SUBSCRIBER GROU	IP	ONE HUNDS	RED SIXTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
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								Partially
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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 Second	d Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
T-4-1 D05-			0.00	T-4-1 DOE:			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	bove.	\$		
						•		

						AL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC. BLOCK A: COMPUTATION OF BASI ONE HUNDRED NINTH SUBSCRIBER GROUP					
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9	P 0	SUBSCRIBER GROU	ED TENTH		IP 0	SUBSCRIBER GROU	D NINTH				
Computat	U		COMMUNITY/ AREA	U		***************************************	COMMUNITY/ AREA				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
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	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			
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				Gross Receipts Fourth	0.00	\$	oup.	ross Receipts Third Gr			
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	0.00	\$ \$		Base Rate Fee Fourth		\$	·	ase Rate Fee Third G			

	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP							
9		SUBSCRIBER GROU	JRTEENTH :			SUBSCRIBER GROU	TEENTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED S	Р	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
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	0.00			Total DSEs	0.00			otal DSEs
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		\$	VILLUUD)	Gross Receipts Fourth	0.00	Ψ	oup	ross Receipts Third Gr
	0.00	Ψ	Croup					

						L NAME OF OWNER OF CABLE SYSTEM: BLOCK A: COMPUTATION OF BASI HUNDRED SEVENTEENTH SUBSCRIBER GROUP				
	P	BER GROUP SUBSCRIBER GROU		П		MUNITY/ AREA				
9 Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate										
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Syndicate Exclusivi										
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	Р	SUBSCRIBER GROU	WENTIETH	ONE HUNDRED T	JP	SUBSCRIBER GROU	NTEENTH	ONE HUNDRED NI		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
		CALL SIGN	DSE			CALL SIGN	DSE			
	0.00			Total DSEs	0.00			Total DSEs		
		S S				CALL SIGN				

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				S'	906235	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEI	NTY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED TWEN	TY-SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Tatal BOEs			0.00	T. I. I. DOE.			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 Secon	d Group	\$	0.00	
ONE HUNDRED TWEN	NTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					<u> </u>			
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base R all Sign DSE CALL SIGN										
CALL SIGN DSE CALL SIGN										
CALL SIGN DSE CA		NTY-FIFTH	SUBSCRIBER GROU		11		1 SUBSCRIBER GROUP		9	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group S D.00 CALL SIGN DSE CALL SI	COMMUNITY/ AREA	***************************************		U	COMMUNITY/ ARE.					
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Surcit for the control of the contro									Syndicat	
Asse Rate Fee First Group \$ 0.00 Sase Rate Fee Second Group \$ 0.00 Sommunity Area 0 CALL SIGN DSE CALL SIGN									Exclusiv	
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otal DSEs orange Receipts First Group asse Rate Fee First Group s onumber of the Mundred Twenty-Seventh Subscriber Group CALL SIGN DSE									Distan	
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Gross Receipts First Group Base Rate Fee First Group COMMUNITY/ AREA O CALL SIGN DSE CAL	otal DSEs			0.00	Total DSFs			0.00		
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NE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN D	iross Receipts First C	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
NE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN D										
COMMUNITY/ AREA O COMMUNITY/ AR	Base Rate Fee First C	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COLUMN DSE CALL SIGN DSE CALL SIGN DSE COLUMN DSE CALL SIGN DSE CALL SIGN DSE COLUMN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CA	NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	'ENTY-EIGHTH	SUBSCRIBER GROUP)		
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Total DSEs										
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	otal DSEs			0.00	Total DSEs			0.00		
	Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		Group	¢	0.00		rth Group	e e	0.00		
Base Rate Fee Third Group Solution 1.00 Base Rate Fee Fourth Group Solution 1.00 Solution	ROCA ROTA FAA I hird	Jioup	Φ	0.00	Dase Nate Fee FOU	ran Group	Ф	0.00		
	Base Rate Fee Third				<u> </u>					

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1		BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA O COMMUNITY/ AREA O O O O O O O O O O O O O						
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			nd Group	Base Rate Fee Secon		\$ \$ SUBSCRIBER GROU	roup	Base Rate Fee First G
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	0.00	\$ SUBSCRIBER GROUP	nd Group	Base Rate Fee Second ONE HUNDRED THIS COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup RTY-FIRST	ONE HUNDRED THI COMMUNITY/ AREA CALL SIGN
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LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	O06235	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-EIGHTH	SUBSCRIBER GROUP		•
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Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		

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_	P	SUBSCRIBER GROUP	FIFTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED FORT
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