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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
02/26/20	\$ ALLOCATION NUMBER						

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 F	PERIOD COVERED BY THE	S STATEMENT:				
Accounting Period	2019/2						
B Owner	rate title of the subsite List any other na If there were diff a single statement of Check here if	al name of the owner of the cable s diary, not that of the parent corpora ame or names under which the owner ferent owners during the accounting of account and royalty fee payment of this is the system's first filing. If no OWNER/MAILING ADDRESS OF Illey Communications Inc.	tition her conducts the busine g period, only the owne covering the entire account t, enter the system's ID CABLE SYSTEM	ess of the cable system or on the last day of the counting perion	em he accounting period should s	•	62443
						62443	32019/2
						62443	2019/2
	295 Meridia Groton, CT						
С		In line 1, give any business or tr bear in space B. In line 2, give th					
System	,	OF CABLE SYSTEM:	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	<u>'</u>	
	MAILING ADDRE	SS OF CABLE SYSTEM:					
	2 (Number, street, rura	l route, apartment, or suite number)					
	(City, town, state, zip	code)					
D	Instructions: For o	complete space D instructions,	see page 1b. Identify	only the frst comn	nunity served below and rel	ist on page	: 1b
Area Served	with all communitie			OTATE			
First	CITY OR TOWN GROTON	1		STATE CT			
Community		e for reporting communities if yo	ou report multiple cha		pace G.		
	CITY OR TOWN		•	STATE	CH LINE UP	SUB	GRP#
Sample	Alda			MD	Α		1
Campie	Alliance			MD	В		2
	Gering			MD	В		3

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

FORM SA3E. PAGE 1b.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Thames Valley Communications Inc 62443									
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	e parks should be	e reported in pare	ntheses						
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. İf	you report any st	ations						
When reporting the carriage of television broadcast stations on a community-by-community 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 grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	1					
GROTON	СТ			First					
				Community					
				See instructions for					
				additional information					
				on alphabetization.					
				Add rows as necessary.					

	•

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Thames Valley Communications Inc

SYSTEM ID#
62443

Ε

Secondary Transmission Service: Sub-

scribers 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			П		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
Service to first set	4,879	\$	17.95					
Service to additional set(s)								
 FM radio (if separate rate) 								
Motel, hotel	695	\$	1.00					
Commercial	428	\$	1.00					
Converter								
Residential	3,222	\$	1.00					
Non-residential	74	\$	1.00					
				1 ľ				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
Pay cable		Motel, hotel					
 Pay cable—add'l channel 		Commercial					
Fire protection		• Pay cable	\$	1.96			
Burglar protection		Pay cable-add'l channel			ľ		
Installation: Residential		Fire protection					
First set	\$ 45.99	Burglar protection					
 Additional set(s) 	\$ 15.99	Other services:					
 FM radio (if separate rate) 		Reconnect	\$	21.99			
Converter		Disconnect					
		Outlet relocation	\$	21.99			
		Move to new address	\$	21.99			
							

Thames Valley Communications inc Sez443	LEGAL NAME O	F OWNER OF CABLE S	YSTEM:			SYSTEM ID#	
General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981; permitting the carriage of certain network programs (5.59(id)2) and (4), 7.6.51(id)2) and (4), 7.6.51(id	Thames Va	alley Communic	ations Inc			62443	Name
GC crules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 6.59(0)(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 ubstitute 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 asis under specific PCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space () (the Special Statement and Program Log)—if the station was carried by your cable system on a substitute program sation was carried only on a substitute basis 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. Identity ach multicast stream associated with a station according to its over-the-air designation. For example, report multi-sat streams associated with a station according to its over-the-air designation. For example, report multi-sat streams as the station. Column 3: Indicate in each case whether the station is a network station, an independent from the channel in 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 ducational multicast). "If (in independent)," Lat' (in independent), "Lat' (in independent)," Lat' (in independent)," Lat' (in independent)," Lat' (in independent), "Lat' (in independent)," Lat' (in independent), and the station of local service area, see page (v) of the general instructions located in the pager SA3 form. Column 5: (by ub was entered "Ves" in column 4, you must complete column 5, stating the basis on which your abid particular station on a	RIMARY TRANS	SMITTERS: TELEVISION	ON				
on "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further xplanation 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 CC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. lote: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE (If Distant) INDICATE CHANNEL OF CARRIAGE (If Distant) VFSB 3 N NO Hartford, CT WITT 4 N NO New Britain, CT VTIC 6 N NO Hartford, CT VTIC 6 N NO Norwich, CT VTNH 8 N NO Norwich, CT VTNH 8 N NO New Haven, CT VCTX 9 N NO New Haven, CT VCCTX 9 N NO New Havent, CT VCCTY 11 N NO NO New Havent, CT VGCT 11 N NO NO New London, CT	n General: In sparried by your of CC rules and ref. 6.59(d)(2) and (ubstitute progra Substitute B. asis under spec Do not list the station was called the station was called the station basis. For furlin the paper S Column 1: Liach multicast states stream as "VETA-simulcast Column 2: G is community of in which your called the station independent for the meaning Column 4: If lanation of loca Column 5: If able system called arried the distar For the retrant f a written agree	pace G, identify ever cable system during to egulations in effect of (4), 76.61(e)(2) and (4), 76.61(e)(4) and basis, as explained asis Stations: With cifc FCC rules, regulation here in space arried only on a subsidier, and also in spather information conditions form. SA3 form. Sat each station's call tream associated with WETA-2". Simulcast (4), ive the channel number in each case on, by entering the least multicast), "E" (for not fitnese terms, see the station is outsided all service area, see poyou have entered "Y rried the distant station on a part-times in the station on a part-times in the station of a distant ement entered into o	y television standard by television standard by television standard by television standard by televisions, or authors, or auth	g period, except g period, except 81, permitting the referring to 76.6 paragraph. It is shown to the ation was carried tute basis station to the report origination cording to its own to be reported in the ation is a network), "N-M" (all educational), or e general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, (i.e. "or general instruction is a network), you must confuse accounting perion accounting perion accounting perion accounting perion 30, 2009, because of lack of a general instruction accounting perion accounting perion 30, 2009, because of lack of a general instruction accounting perion accounting perion 30, 2009, because of lack of a general instruction accounting perion accounting perion 30, 2009, because of lack of a general instruction accounting perion accounting perion 30, 2009, because of lack of a general instruction accounting perion accounting perion 30, 2009, because of lack of a general instruction accounting perion 30, 2009, because of lack of a general instruction accounting perion 30, 2009, because of lack of a general instruction accounting perion 30, 2009, because of lack of a general instruction accounting perion 30, 2009, because of lack of a general instruction accounting perion 30, 2009, because of lack of a general instruction accounting perion accounting perion 30, 2009, because of lack of a general instruction accounting perion accounting perion 30, 2009, because of lack of a general instruction accounting perion accounting perion 30, 2009, because of lack of a general instruction accounting perion accounting perio	(1) stations carried exertiage of certifice (2) and (4))]; as carried by your one Special Statement of the Special Statem	ed only on a part-time basis under sain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the stute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multish stream separately; for example sion for broadcasting over-the-air in may be different from the channel exast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. Ses". If not, enter "No". For an example stating the basis on which your tering "LAC" if your cable system capacity.	Primary Transmitters:
CHANNEL LINE-UP AA	of a written agree the cable system	ement entered into o	n or before Ju	ıne 30, 2009, be	etween a cable sy		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OW					SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute Basis basis under specifc F • Do not list the station station was carried • List the station here basis. For further i in the paper SA3 fc Column 1: List ea each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licen on which your cable scolumn 3: Indicated educational station, b (for independent mult For the meaning of the Column 5: If you head carried the distant state For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the	G, identify even system during the tions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(y television standard y television y television standard y television y television y television y television y television y televisi	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: to the station was carried that the basis station report origination cording to its own be reported in containing the station is a network etwork), "N-M" (I educational), one general instructive area, (i.e. "or general instruction is an excounting period accounting period accounting period accounting period accounting period in the general in	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the second of the se	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizi	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	
PRIMARY TRANSMITTI	ERS: TELEVISIO	N				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multicate for the meaning of the Column 5: If you heable system carried the cable system and tion "E" (exempt). For explanation of these the substitute of these the state of the set of the state the system and tion "E" (exempt). For explanation of these the substitute of the set of the state of the set of the	G, identify every system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(e)(2) and (6.51(e)(2) and (6.51(e)(2) and (6.51(e)(2) and also in spanformation concurrs. Ch station's call associated with associated with associated with a carried the in each case we are terms, see pation is outside ice area, see pation is outside ice area, see pation of a distant the entered "Ye in each case we entered "Ye in each case we are entered "Ye in each case we are entered "Ye in each case we entered "Ye in each case with a single patient of a distant the entered into on a part-tire single patient in entered into on a primary transis simulcasts, also the categories.	y television standard accounting an June 24, 1944), or 76.63 (rd d in the next prespect to any attions, or auth G—but do list titute basis. In the standard account of the local service of the station account of the local service of the loca	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried the station was carried to the station was assigned to the station is a network of the station was assigned to the station was assigne	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your context of both on a substitution, see page (v) on program services the television station, p.C. This work station, an indefor network multicution "E-M" (for noncontext of the television station of the television o	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your pering "LAC" if your cable system	Primary Transmitters: Television
FCC. For Mexican or (Note: If you are utilizing)				•	which the station is identifed.	
roto: you are u	.gap.o oa.		EL LINE-UP	·		
	o BIOAGE				a LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	(111111)	(If Distant)		

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	ramo
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis is basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List ead each multicast stream cast stream as "WETA-simulcast). Column 2: Give th its community of licens on which your cable is Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a substand also in spanformation concorn. ch station's call associated with A-2". Simulcast e channel numbers are carried the in each case we renter en each case were entered "Ye in each case were entered into on a part-time simulcasts, also are categories e location of each	y television state he accounting in June 24, 194, or 76.63 (red in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state erning substitions in a station account of the state of the station. Whether the state of the station. Whether the state of the local server in column on during the same basis becar in multicast stream or before Jumitter or an associated of the station. For the station.	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: It it in space I (the 181 tinn was carried the 181 tinn was carried to 181 tinn was carried to 181 tinn was sassigned to 181 tinn was assigned to 181 tinn w	(1) stations carried to carriage of certa- 1(e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on a program service the television statistication, D.C. This work station, an indefor network multicution "E-M" (for noncontrolled in the finite of the television statistication, but the television statistication, but the television statistication, but the television statistication, but the television statistication, an indefor network multicute. The television statistication is located in the finite television statistication of the television of	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN					SYSTEM ID#	Name
Thames Valley					62443	
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate	ERS: TELEVISION G., identify every system during the ions in effect or 6.61(e)(2) and (esis, as explaine stations: With record or a substant of the ions of the io	y television stane accounting a June 24, 1964), or 76.63 (rd in the next prespect to any authors, or authors, or authors, or authors, or authors, if the state arning substitute basis. In a station account of the state of the FCC has been station, whether the state account of the station.	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its ow be reported in a as assigned to annel 4 in Wash ation is a netwo	(1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your content of the Special Statement of both on a substitution, see page (v) on program services er-the-air designaticolumn 1 (list each the television stationington, D.C. This book station, an indeed	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel upendent station, or a noncommercial ast), "I" (for independent), "I-M"	G Primary Transmitters: Television
(for independent multi- For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	cast), "E" (for no ese terms, see pation is outside ice area, see pause entered "Yehe distant station on a part-tirision of a distant tentered into on a primary transisimulcasts, also aree categories, e location of ea Canadian statio	oncommercial page (v) of the the local servage (v) of the es" in column on during the amulticast streen or before Jumitter or an act of enter "E". If a see page (v) ch station. Fons, if any, given	deducational), of a general instructive area, (i.e. "of general instruct 4, you must con accounting per duse of lack of a sam that is not some 30, 2009, be association repressou carried the of the general of the general of the general of the general of the mame of the general of the mame of the general of	or "E-M" (for nonco ctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by ent activated channel of subject to a royalty etween a cable sys senting the primar channel on any of instructions locate list the community me community with	mmercial educational multicast). The paper SA3 form. The paper SA3	
		CHANN	EL LINE-UP	AE		
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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76.59(d)(2) and 15.59(d)(2) an	G, identify every system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(e)(y television standard accounting an June 24, 1944), or 76.63 (rd d in the next prespect to any attions, or auth G—but do list titute basis. In the standard account of the local service of the station account of the local service of the loca	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried the station was carried to the station was assigned to the station is a network of the station was assigned to the station was assigne	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your context of both on a substitution, see page (v) on program services the television station, p.C. This work station, an indefor network multicution "E-M" (for noncontext of the television station of the television o	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your pering "LAC" if your cable system	Primary Transmitters: Television
FCC. For Mexican or (Note: If you are utilizing				•	which the station is identifed.	
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				I		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
0.0.1	NUMBER	STATION	(100 01 110)	(If Distant)		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried only your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 as sociated 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), "" (for independent), "I-M" (for i						
Trouble in your and annual	.9	•	•	•	Chaimer mre apr	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 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), "" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational) or "E-M" (for noncommercial deucational multicast). For the meaning of						
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	АН		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		

FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Thames Valley	Communic	ations Inc			62443	Nume	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 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 mult							
(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				•			
		CHANN	EL LINE-UP	Al			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Thames Valley Communications Inc	YSTEM ID#					
Thames Valley Communications Inc		Name				
	62443					
PRIMARY TRANSMITTERS: TELEVISION						
In General: In space G, identify every television station (including translator stations and low power television static carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis und 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 or 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 probasis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some off basis. For further information concerning substitute basis stations, see page (v) of the general instructions locate in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Ide 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 its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channon 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 noncommeducational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for	pon a pogram mer ed intify de r in inel inercial	Primary Transmitters: Television				
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.						
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ						
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION						
CHANNEL LINE-UP AJ 1. CALL SIGN 2. B'CAST CHANNEL OF 3. TYPE (Yes or No) 4. DISTANT? CHARLAGE 6. LOCATION OF STATION CARRIAGE						
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION						
1. CALL SIGN CHANNEL OF STATION (Yes or No) CARRIAGE 6. LOCATION OF STATION						
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1. CALL SIGN CHANNEL OF STATION (Yes or No) CARRIAGE 6. LOCATION OF STATION						
CHANNEL LINE-UP AJ 1. CALL SIGN 2. B'CAST CHANNEL OF 3. TYPE (Yes or No) 4. DISTANT? CHARLAGE 6. LOCATION OF STATION CARRIAGE						
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1. CALL SIGN CHANNEL OF STATION (Yes or No) CARRIAGE CHANNEL LINE-UP AJ 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CARRIAGE						
1. CALL SIGN CHANNEL OF STATION (Yes or No) CARRIAGE 6. LOCATION OF STATION						

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 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), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast						
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	AK		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. 200/MeN of Change	
	NUMBER	STATION		(If Distant)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.661(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 as swociated 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), "" (for independent), "I-M" (for i						
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	AL		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Education of Station	
	NUMBER	STATION		(If Distant)		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e						
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, also nree categories e location of ea Canadian statio	mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give nnel line-ups,	ssociation repre you carried the of the general i r U.S. stations, e the name of th	senting the primar channel on any ot instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the n which the station is identifed.	
	a DIGAGE	I				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGIT	NUMBER	STATION	(100 01 110)	(If Distant)		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 as sociated 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), "" (for independent), "I-M" (for ind						
FCC. For Mexican or (Note: If you are utilizing				•		
Note: If you are utilizing	ig manipic chai		EL LINE-UP	•	опапногине-ир.	
	o BIOAGE		1		a LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	(111111)	(If Distant)		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.661(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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), "" (for independent), "I-M" (for ind						
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	AO		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 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), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast						
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	AP		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. 200/MeN of Change	
	NUMBER	STATION		(If Distant)		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Thames Valley	Communic	ations Inc			62443		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 mult							
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	a primary trans simulcasts, also nree categories e location of ea Canadian statio	mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ssociation repre you carried the of the general i r U.S. stations, e the name of th	senting the primar channel on any ot instructions locate list the community ne community with	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the u which the station is identifed.		
		CHANN	EL LINE-UP	AQ			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Thames Valley	Communic	ations Inc			62443	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television 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), 07.66.18 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational) rel						
				•		
,			EL LINE-UP	·		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	0. LOCATION OF STATION	
	NUMBER	STATION	, ,	(If Distant)		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Thames Valley	Communic	ations Inc			62443		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
PRIMARY TRANSMITTERS: TELEVISION							
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing							
4 0411	O D'CACT	2 TVDE	4 DICTANTO	5. BASIS OF	C LOCATION OF STATION		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION	,	(If Distant)			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Thames Valley	Communic	ations Inc			62443		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)/2] and (4), 76.61(e)/2] and (4), or 76.63 (referring to 76.61(e)/2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 or theiring the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for i							
FCC. For Mexican or (Note: If you are utilizing				•			
roto: you are u	.gap.o oa.		EL LINE-UP	·			
	o BIOAGE			I	a LOCATION OF STATION		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION	,	(If Distant)			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Thames Valley	Communica	ations Inc			62443		
PRIMARY TRANSMITTI	ERS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 returning the station is outside the local service area, (i.e., "distant"), enter "Yes". If not, enter "No							
FCC. For Mexican or (Note: If you are utilizing				•			
rote. If you are utilizing	ig manipie onai		EL LINE-UP	•	опатногино цр.		
	0 510407		1				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
S.G.N	NUMBER	STATION	(100 01 110)	(If Distant)			
					,		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Thames Valley	Communic	ations Inc			62443		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.66.16(e)(2) and (4), 07.66.16(e)(2) and (4)); and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 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, very report multicast stream as "WETA-2". Simulcast streams associated with a station, and the 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 distant station is each case whether the station, an enterodial aducational multicast). F							
Note: If you are utilizing				•	which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AV			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			

FORM SA3E. PAGE 3.						,	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Thames Valley	Communic	ations Inc			62443		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,59(q)(2) and (4),76,616(e)(2) and (4),0 or 76,63 (referring to 76,61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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-N" (for network multicast), "" (for independent), "-M" (for netw							
		CHANN	EL LINE-UP	AW			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62443 **Thames Valley Communications 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2019/			
LEGAL NAME OF OWNER OF CABLE SYST Thames Valley Communication						SYSTEM ID# 62443	Name			
SUBSTITUTE CARRIAGE: SPECI		NT AND PROGRAM LOG)							
In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that m	eriod, under spe	ecific present and former FC	C rules, regula	ations, or au	thorizations.	For a further	Substitute			
1. SPECIAL STATEMENT CONCE	RNING SUBST	TITUTE CARRIAGE					Carriage: Special			
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Note: If your answer is "No", leave th log in block 2.	e rest of this pa	ge blank. If your answer is	"Yes," you mu	ıst complete	the progra	m				
2. LOG OF SUBSTITUTE PROGR In General: List each substitute progr	am on a separa		wherever pos	sible, if thei	r meaning is	3				
clear. If you need more space, please Column 1: Give the title of every n period, was broadcast by a distant sta under certain FCC rules, regulations, SA3 form for futher information. Do r titles, for example, "I Love Lucy" or "N Column 2: If the program was broa Column 3: Give the call sign of the Column 4: Give the broadcast stat the case of Mexican or Canadian stat Column 5: Give the month and da first. Example: for May 7 give "5/7." Column 6: State the times when th to the nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if th to delete under FCC rules and regula gram was substituted for programmin effect on October 19, 1976.	onnetwork televation and that your authorization of use general of BA Basketball: adcast live, enterstation broadcation's location (trions, if any, the your system of the substitute program carrolle listed program carrolle listed program tions in effect during any of the substitute program carrolle listed program carrolle listed program tions in effect during a substitute program carrolle listed program tions in effect during a substitute program carrolle listed program tions in effect during a substitute program tions a substitute program tion	rision program (substitute pour cable system substitute is. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." If "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute orgram was carried by your led by a system from 6:01:	d for the progeral instruction "basketball". Io." m. station is licestation is idenprogram. Use cable system. 15 p.m. to 6:2 mming that ye; enter the leti	ramming of ns located i List specifi nsed by the tiffied). numerals, value tist the tim 8:30 p.m. slour system ter "P" if the	another sta n the paper c program FCC or, in with the mones accurate hould be was require listed pro	nth				
SUBSTITU	TE PROGRAM	1		EN SUBSTI		7. REASON FOR				
1. TITLE OF PROGRAM 2. LIVE? Yes or No	3. STATION'S		5. MONTH AND DAY	6. 7	TIMES TO	DELETION				
				-	_					
				-	_					
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				-						
				-						

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

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Thames Valley Communications Inc
SYSTEM ID#
62443

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

_	SAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#					
	ames Valley Communications Inc		62443	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 659,164.67								
IIVI	PORTANT: You must complete a statement in space P concerning gross receipts.	(Amoun	t of gross receipts)					
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below.	e entered on	line 1 of					
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on lin	e 2 in block					
	part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho n block 4 below.	uld be entere	d on line					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	e is 1.064 per	cent of the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	659,164.67					
	Enter the result here. This is your minimum fee.	\$	7,013.51					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? X Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4.							
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	\$	<u>-</u>					
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		6,179.67					
	Line 3. Add lines 1 and 2 and enter here	\$	6,179.67					
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	\$	7,013.51	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.	r	0.00	submitting additional deposits under				
	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							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	7,738.51	appropriate form for submitting the additional fees.				
Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)								

Name	LEGAL NAME OF OWNER OF C	CABLE SY	STEM:	SYSTEM ID#					
Name	Thames Valley Comr	nmunic	ations Inc	62443					
	CHANNELS								
M									
	to its subscribers and (2	(2) the c	able system's total number of activated channels, during the accounting period						
Channels		annels on which the cable							
	10								
	System camed televisi	31011 1010	adcast stations	• • • • • • • • • • • • • • • • • • • •					
	2. Enter the total number	per of ac	tivated channels						
	on which the cable sys	ystem ca	arried television broadcast stations	345					
	and nonbroadcast ser	ervices .							
	INDIVIDUAL TO BE CO	CONTAC	TED IS SUBTUSED INSORMATION IS NEEDED: //dontify on individual						
N	we can contact about th		TED IF FURTHER INFORMATION IS NEEDED: (Identify an individual ement of account.)						
Individual to									
Be Contacted	Names Th	.		000 440 4000					
for Further Information	Name Nancy Th	nomas	Telephon	e 860-446-4099					
ormanon	Address 295 Merid	dian S	troot						
			te, apartment, or suite number)						
	Groton, C	CT 06	340						
	(City, town, state	ate, zip)							
	Email th	thomas	sn@tvcconnect.com Fax (optional) 860-33	3-6018					
	CEPTIFICATION (This et	stateme	nt of account must be certifed and signed in accordance with Copyright Office	regulations					
0	CERTIFICATION (TIMS 3	Stateme	in of account must be certifed and signed in accordance with copyright office i	egulations.					
Certifcation	I. the undersigned, here	rebv certi	fy that (Check one, but only one, of the boxes.)						
	, ,	,							
	(Owner other than co	corporat	ion or partnership) I am the owner of the cable system as identifed in line 1 of spa	ace B; or					
			corporation or partnership) I am the duly authorized agent of the owner of the ca hat the owner is not a corporation or partnership; or	able system as identified					
		o D and t	nature owner is not a corporation or partitership, or						
	(Officer or partner) I in line 1 of space		officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	owner of the cable system					
	in line 1 of space	J D.							
			of account and hereby declare under penalty of law that all statements of fact cont to the best of my knowledge, information, and belief, and are made in good faith.	ained herein					
	[18 U.S.C., Section 1001		o the section my knowledge, information, and select, and are made in good talan.						
	_								
		V							
		X	/s/ William Pearson						
	Er	Enter an e	electronic signature on the line above using an "/s/" signature to certify this statement.						
	(e	e.g., /s/ J	ohn Smith). Before entering the first forward slash of the /s/ signature, place your curs n, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lo						
				nuo computatinty country.					
	Ту	Typed o	printed name: William Pearson						
	Ti		CEO						
			(Title of official position held in corporation or partnership)						
	_	D-4	2004-00-h-0-5 0040						
	Da	Date:	September 5, 2019						

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Thames Valley Communications Inc	62443	Name			
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO					
YES. Enter the total here and list the satellite carrier(s) below					
Name Mailing Address Mailing Address					
INTEREST ASSESSMENTS					
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un 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	- days				
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 0.00274				
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	est charge)				
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assis 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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2019/2

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that lead stations are not counted at all in computing DSEs	

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

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

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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

Santa Rosa	Stations A and C 35 mile zone
\ an	Bodega Bay ns B, D, id E le zone

Distant Stations Carried			Identification	Identification of Subscriber Groups			
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS		
n	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS		
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00		
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00		
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00		
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00		
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00		

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

ψο,οο που										
First Subscriber Group		Second Subscriber Group		Third Subscriber Group						
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)						
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00					
DSEs	2.472	DSEs	1.083	DSEs	1.389					
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03					
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80					
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23					
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03					

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE. PAG	SE 11. (CONTINUED)									
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
1	Thames Valley Communications Inc									
	SUM OF DSEs OF CATEGORY "O" STATIONS:									
	Add the DSEs of each static									
	Enter the sum here and in line	0.25								
	Instructions:									
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
Computation	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-									
of DSEs for	mercial educational station, give the DSE as ".25."									
Category "O"			CATEGORY "O" STATIO	NS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	WGNA	0.250								
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										
				···						
				···						
						<u> </u>				

Name		WNER OF CABLE SYSTEM: EY Communications	Inc					62443
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should c Column 3: Column 4: be carried out a Column 5: give the type-v Column 6:	t the call sign of all dista For each station, give the orrespond with the information. For each station, give the Divide the figure in colulat least to the third decir For each independent states.	he number of hour mation given in spate total number of umn 2 by the figure mal point. This is the station, give the "ty lumn 4 by the figur	s your cable syster ace J. Calculate on hours that the stati in column 3, and goe "basis of carriagon pe-value" as "1.0." e in column 5, and	n carried the star ly one DSE for e on broadcast ov give the result in e value" for the s For each network give the result in	tion during the accounti each station. er the air during the acc decimals in column 4. T station. rk or noncommercial ed n column 6. Round to no	counting period. This figure must ucational station, o less than the	
Capacity		C	ATEGORY LA	C STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. N JRS (ED BY S	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		3E
			÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷			x x x x x	= = = = = = = = = = = = = = = = = = = =	
			÷	=		x	=	
	Add the DSEs o	OF CATEGORY LAC S f each station. n here and in line 2 of p		ile,		0.00	0	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effect Broadcast or space I). Column 2: Fat your option. TColumn 3: EColumn 4: DColumn 4: D	the call sign of each state by your system in substate on October 19, 1976 (ne or more live, nonnetwore each station give the this figure should correstinter the number of days divide the figure in columnis is the station's DSE	itution for a progra as shown by the le ork programs during number of live, no spond with the info in the calendar ye in 2 by the figure ir	m that your system tter "P" in column is that optional carri nnetwork programs rmation in space I. ear: 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by a carried in substance the result in co	o delete under FCC rule the word "Yes" in column titution for programs tha	n 2 of at were deleted ass than the third	orm).
		SU	BSTITUTE-BA	SIS STATIONS	S: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		= = = = = =			÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ †	= = = = = = = = = = = = = = = = = = = =
	Add the DSEs o	OF SUBSTITUTE-BASI f each station. n here and in line 3 of page		ıle,	>	0.0	0	
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 ●		es in parts 2, 3, and	4 of this schedule	e and add them to provid	0.25 0.00 0.00	
	TOTAL NUMBER	R OF DSEs					•	0.25

LEGAL NAME OF C							S'	YSTEM ID# 62443	Name
Instructions: Block In block A: If your answer if			part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
schedule. If your answer if	"No," complete blo	ocks B and C	below.						
	, <u> </u>			ELEVISION M	ARKETS				Computation of
	1981?	schedule—[,	iller markets as de			·	gulations in	3.75 Fee
		BI OC	CK B: CARR	IAGE OF PERI	MITTED DS	 SFs			
Column 1: CALL SIGN	under FCC rules	of distant st and regulation ne DSE Sche	ations listed in ons prior to Jui dule. (Note: Th	part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r	f this schedule urther explana	e that your sys	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carria 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursua *F A station pre	ales and regued pursuant to on as defined al education of the station (76.) or DSE sched ant to individuation with the station will be station	lations cited be to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b (e)(1), 76.63(a 63(a) referring abstitution of g	n June 24, 198), 76.61(b)(c), 1) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
			LOCK C: CO	MPUTATION O	F 3 75 FFF				
			20011 0: 00	<u> </u>	0.701 LL				
Line 1: Enter the								0.25	
Line 2: Enter the	sum of permitte	d DSEs froi	m block B abo	ove					
Line 3: Subtract (If zero, l				r of DSEs subjec 7 of this schedu		rate.		0.25	
Line 4: Enter gro	ess receipts from	space K (p	age 7)				\$ 659 × 0.03	9,164.67	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter su	ım here				\$ 24	4,718.68	permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3					0.25	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)		\$	6,179.67	

	WNER OF CABLE Communicat					S	YSTEM ID# 62443	Name
 		A: TELEVIS	SION MARKETS	S (CONTIN	HED)		02440	
1. CALL SIGN	2. PERMITTED BASIS	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		2. PERMITTED BASIS	3. DSE	6
 								Computation of 3.75 Fee
 		 						0.70100
 	•	 						
 	•	 						
 	•	 						
 		 			·····			

	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:						S	YSTEM ID#
Name	Thames Valley	Communic	cations Inc							62443
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fot A—Part-time spi 76.50; B—Late-night pric S—Substitute ca genera Column 5: Indicate Column 6: Compari	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). Carriage under all instructions the station's the DSE figure B, column 3 (e) information you	1981, under former ach distant station in his station for a sing g period and year i arriage on which the regulations cited be mming: Carriage, or 0(1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 fo DSE for the current ures listed in column of part 6 for this state ou give in columns is	r FCC rules gover dentifed by the gle accounting properties and the care estation was cellow pertain to the properties of the care estation was cellow pertain to the properties of the care estation was cellow pertain to the care estation and	vern lette perio riag arrie hos asis (1))) s 76 auth iod list	ntifed by the letter "F" ing part-time and subser "F" in column 2 of pod, occurring between le and DSE occurred (led by listing one of the led in effect on June 24 st., of specialty program (led by listing one of function of the led in effect on June 24 st., of specialty program (led by listing one). 5.59(d)(3), 76.61(e)(3) inorizations. For further as computed in parts the smaller of the two exaccurate and is subject to the subsection of the led by the led	stitute carri- art 6 of the a January 1 (e.g., 1981/ e following , 1981. ming under , or 76.63 (c) r explanatio 2, 3, and 4 figures her	age. DSE schedule, 1978 and Jur 1) etters FCC rules, sereferring to on, see page (voof this schedule). This figure is	ections in the solution of the should be	981 se enterer
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ED (ON A PART-TIME AN	D SUBSTI	TUTE BASIS		
	1. CALL	2. PRIC	OR 3. ACC	COUNTING		4. BASIS OF	5. PF	RESENT	6. P	ERMITTED
	SIGN	DSE	PI	ERIOD		CARRIAGE		OSE		DSE
		••••••								
7 Computation of the Syndicated	1	"Yes," comple	ete blocks B and C, locks B and C blant	k and complete		t 8 of the DSE schedu LEVISION MARKI				
Exclusivity										
Surcharge	Is any portion of the or	cable system v	vithin a top 100 majo	or television mar	ket a	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?
	Yes—Complete	blocks B and	IC.			No—Proceed to	part 8			
	· .						•			
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSE	3
	Is any station listed in commercial VHF stati or in part, over the ca	block B of pa	art 6 the primary str	eam of a	r	Was any station listed nity served by the cabl of former FCC rule 76.	in block B	of part 7 carrie	d in any	commu-
	Yes—List each s	tation below wi	th its appropriate peri	mitted DSE		Yes—List each sta	ation below v	vith its appropria	ate permi	tted DSE
	X No—Enter zero a					X No—Enter zero ar			·	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE
			-							
			TOTAL 555	0.00				TOT:: : :	F.	0.00
			TOTAL DSEs	0.00				TOTAL DS	∟s	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Thames Valley Communications Inc	SYSTEM ID# 62443	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	659,164.67	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.). 	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	DE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ _\$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		

Name	LEGAL NAM		EM ID#
		Thames Valley Communications Inc	62443
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge \$\Bigsim \text{\$\sum_{\text{sure}}\$}\$	
8 Computation	You m 6 was • In blo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section	BEGGING FAMALIALE BIOTANA OF MAIGHOUT BIOLE INVESTIGE	
	1	Enter the amount of gross receipts from space K (page 7)	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"	
	_	use the total number of DSEs from part 5.).	
	Section		
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts	
		(the amount in section 1)	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	······

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

EGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	Nama
Than	ses Valley Communications Inc 62443	3 Name
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1) \\$	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) \$	of Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	base Rate ree
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) >\$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here >	
	G. Add lines A, C, and F. This is your base rate fee.	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	9
•	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	of
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	Base Rate Fee and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
•	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must	for Partially
	impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscribe	r
-	a section:	
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	bers in the group.	
• If:		
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
, -	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions appear SA3 form.	
page.	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your	

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62443 **Thames Valley Communications Inc** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	LEGAL NAME OF OWNE Thames Valley Co						S	YSTEM ID# 62443	Name
COMMUNITY/ AREA CALL SIGN DSE CALL	В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Dase Rate Fee First Group \$ 0.00 THIRD SUBSCRIBER GROUP \$ 0.00 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Dase Rate Fee Second Group \$ 0.00 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 0 CALL SIGN DSE CALL SIGN DS		FIRST	SUBSCRIBER GROU	P		SECONE	SUBSCRIBER GROU	JP	•
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee and of Syndications Call Sign DSE CALL SIGN	COMMUNITY/ AREA	Groton						0	
and Syndicated Syndica			CALL SIGN	DSE			CALL SIGN	DSE	of
Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs									
Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00 Gross Receipts First Group 5.659,164.67 Base Rate Fee First Group 5.0.00 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUN									
Surcharge for Partially Distant Stations Total DSEs			-						
Partially Distant Stations Total DSEs O.00 Gross Receipts First Group S. 659,164.67 Gross Receipts Second Group S. 0.00 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE Total DSEs O.00 Gross Receipts Fourth Group S. 0.00 Gross Receipts Fourth Group S. 0.00 Total DSEs O.00 Gross Receipts Fourth Group S. 0.00 DSE CALL SIGN DSE Total DSEs O.00 Gross Receipts Fourth Group S. 0.00 Gross Receipts Fourth Group S. 0.00 DSE D.00 DSE Total DSEs O.00 Gross Receipts Fourth Group S. 0.00 DSE D.00 Gross Receipts Fourth Group S. 0.00 DSE D.00 DSE DSE D.00 DSE DSE DSE DSE DSE DSE DSE D									
Total DSEs Gross Receipts First Group ThiRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE DIstant Stations			-						
Stations Statio									
Total DSEs Gross Receipts First Group Third Subscriber Group Total DSE To									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									Stations
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN				<u> </u>					
Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL S	Total DSEs			0.00	Total DSEs			0.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA	Gross Receipts First G	roup	\$ 659	,164.67	Gross Receipts Seco	ond Group	\$	0.00	
COMMUNITY/ AREA O CALL SIGN DSE CA	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		THIRD	SUBSCRIBER GROU	Р		FOURTH	I SUBSCRIBER GROU	JP	
Total DSEs 0.00 Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee Third G	Group	s	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	, and a second of this of	r	Į *	3.00		/p	Į*	0.30	
	Base Rate Fee: Add the	ne base rat	te fees for each subsci	riber group	as shown in the boxes	above.	\$	0.00	

EGAL NAME OF OWNER OF CAT Thames Valley Commun						YSTEM ID# 62443
			TE FEES FOR EAC			
	H SUBSCRIBER GRO				H SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	·····					
otal DSEs		0.00	Total DSEs	· ·		0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
SEVENT	H SUBSCRIBER GRO	OUP		EIGHTH	H SUBSCRIBER GRO	JP
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00
			11	th Group	i	

Thames Valley Commun	BLE SYSTEM: ications Inc				3	YSTEM ID# 62443
			TE FEES FOR EAC			
NINT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group						
ase rate ree riist Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
	H SUBSCRIBER GRO		Base Rate Fee Seco		SUBSCRIBER GRO	
ELEVENT			Base Rate Fee Second COMMUNITY/ AREA	TWELVTH		
ELEVENT		DUP		TWELVTH		UP
ELEVENT	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
ELEVENT	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
ELEVENT	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
ELEVENT	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
ELEVENT	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
ELEVENT	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
ELEVENTOMMUNITY/ AREA	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
ELEVENT	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
ELEVENT	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
ELEVENT	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
ELEVENT	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
ELEVENTOMMUNITY/ AREA	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
CALL SIGN DSE	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	UP 0
CALL SIGN DSE	H SUBSCRIBER GRO	DUP	CALL SIGN	DSE	SUBSCRIBER GRO	DSE
ELEVENT	H SUBSCRIBER GRO	DUP DSE 0.00	COMMUNITY/ ARE/	TWELVTH A DSE	CALL SIGN	DSE O.00

munications Inc 6244	D# 13 Name
CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
EENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP	9
0 COMMUNITY/ AREA	
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Computati
	Base Rate I
	and
	Syndicate
	Exclusivit
	Surcharg
	for Partially
	Distant
	Stations
0.00 Total DSEs 0.00	
	_
up \$ 0.00 Gross Receipts Second Group \$ 0.00	_
up \$ 0.00 Base Rate Fee Second Group \$ 0.00	
EENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP	
O COMMUNITY/ AREA	0
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
0.00 Total DSEs 0.00	
	_

Thames Valley Communi	BLE SYSTEM: cations inc					YSTEM ID# 62443
			TE FEES FOR EAC			
SEVENTEENTI COMMUNITY/ AREA	1 SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	<u>JP</u> 0
		U				U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs	!!	0.00	Total DSEs		!!	0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
NINTEENTH	I SUBSCRIBER GRO	NI ID	-			
	1 30D3CNDLN GNC			TWENTIETH	SUBSCRIBER GROU	JP
	T SOBSCRIBER GRO	0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP 0
MMUNITY/ AREA	CALL SIGN		li		CALL SIGN	
MMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
DMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
DMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
DMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE
COMMUNITY/ AREA	CALL SIGN	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE DSE

Name	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Thames Valley Communications Inc 62443							
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
0	IP	SUBSCRIBER GROU	'-SECOND	TWENTY	JP	SUBSCRIBER GRO	ITY-FIRST	TWEN
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
Syndicated Exclusivity								
Surcharge						_		
for		-						
Partially								
Distant								
Stations						-		
						-		
	0.00		•	Total DSEs	0.00		•	otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
	IP	SUBSCRIBER GROU	/-FOURTH	TWENT	JP	SUBSCRIBER GRO	TY-THIRD	TWFN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		_						
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs

62443					ations inc	mmunica	Thames Valley Co
			TE FEES FOR EACH				
0	SUBSCRIBER GROU	NTY-SIXTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	TY-FIFTH	TWENT COMMUNITY/ AREA
<u> </u>				U			
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	_						
						-	
0.00		-	Total DSEs	0.00		! !	otal DSEs
0.00	\$	id Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr
IP	\$UBSCRIBER GROU		TWEN	JP	\$ SUBSCRIBER GROU		TWENTY-S
							TWENTY-S
IP			TWEN	JP			TWENTY-S
1P 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S
1P 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S
IP 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S
IP 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S
1P 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S
1P 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S
1P 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S
0 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S OMMUNITY/ AREA
1P 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S
1P 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S OMMUNITY/ AREA
1P 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S OMMUNITY/ AREA
1P 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S
0 0	SUBSCRIBER GROU	Y-EIGHTH	TWEN' COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH S	TWENTY-S OMMUNITY/ AREA CALL SIGN
DSE	SUBSCRIBER GROU	Y-EIGHTH DSE	TWEN' COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	TWENTY-S COMMUNITY/ AREA CALL SIGN CALL SIGN
DSE	SUBSCRIBER GROU	Y-EIGHTH DSE	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE	COMMUNITY/ AREA

Thames Valley Commun	ABLE SYSTEM: ications Inc					YSTEM ID# 62443
	: COMPUTATION C		TE FEES FOR EAC			
	H SUBSCRIBER GRO				SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs	Щ	0.00	Total DSEs		11	0.00
ross Receipts First Group	œ.	0.00	Gross Receipts Sec	and Croup	•	0.00
oss Receipts First Group	\$	0.00	Gross Receipts Sect	orid Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
THIRTY-FIRS	ST SUBSCRIBER GRO	DUP	THIR	TY-SECONE	SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ AREA 0			
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
	CALL SIGN	DSE	CALL SIGN Total DSEs		CALL SIGN	
otal DSEs	CALL SIGN			DSE	CALL SIGN	DSE
CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group Base Rate Fee Third Group		0.00	Total DSEs	DSE		DSE

Thames Valley Commur	ABLE SYSTEM: nications Inc					YSTEM ID# 62443
	A: COMPUTATION C					
	RD SUBSCRIBER GRO		ii .		H SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
THIRTY-FIF	TH SUBSCRIBER GRO	OUP	Т	HIRTY-SIXTH	SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	·····					
fotal DSEs		0.00	Total DSEs			0.00
Fotal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	urth Group	\$	0.00

	62443						mmunica	-
				TE FEES FOR EACH				
4		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Con	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base								
Syr Exc								
Su								
Pa								
D								
St								
						•		
						•		
	0.00	<u> </u>	<u> </u>	T	0.00			
	0.00			Total DSEs	0.00			otal DSEs
		\$	d Group	Gross Receipts Secon	0.00	\$	roup	Fross Receipts First G
	0.00	4	ш О.очр	,			'	
	0.00	\$		Base Rate Fee Secon	0.00	\$		ase Rate Fee First G
 	0.00	\$	d Group	Base Rate Fee Secon	'	1	-oup	
=	0.00		d Group	Base Rate Fee Secon	'	\$ SUBSCRIBER GROU	-oup	THIRT
=	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT
=======================================	0.00	\$	d Group	Base Rate Fee Secon	JP	1	-oup	THIRT
= - - -	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT
-	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT
-	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	THIRT COMMUNITY/ AREA CALL SIGN
	DSE	\$ SUBSCRIBER GROU	d Group FORTIETH DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	Y-NINTH DSE	THIRT COMMUNITY/ AREA CALL SIGN Cotal DSEs
	0.00 JP	SUBSCRIBER GROU	d Group FORTIETH DSE	CALL SIGN CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GROU	Y-NINTH DSE	THIRT

LEGAL NAME OF OWNER OF CABLE SYSTEM: Thames Valley Communications Inc 62443								Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
FORT	TY-FIRST	SUBSCRIBER GROU	JP	FORT	Y-SECONE	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		=						Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
						···		Partially
								Distant
								Stations
		••••••						
Total DSEs	<u> </u>		0.00	Total DSEs	_	ļļ.	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
FORT	Y-THIRD	SUBSCRIBER GROU	JP	FORT	Y-FOURTH	SUBSCRIBER GROU	JP	
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	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER						SY	STEM ID#	Name
Thames Valley Co	mmunic	ations Inc					62443	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		1		SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
		-						Exclusivity
		-						Surcharge
		-						for
								Partially Distant
								Stations
						 		Otations
		-						
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GROU	JP	FOR ⁻	TY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
							*	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
C. 233 Noccipia Tilliu G	Jup	*	<u> </u>	C.000 Rescipto i suiti	. Group	<u>*</u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

VNER OF CABLE SYSTEM: SYST Communications Inc	62443
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	· · · · · · · · · · · · · · · · · · ·
DRTY-NINTH SUBSCRIBER GROUP A 0 COMMUNITY/ AREA	
	0
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
0.00 Total DSEs	0.00
t Group \$ 0.00 Gross Receipts Second Group \$	0.00
t Group \$ 0.00 Base Rate Fee Second Group \$	
t Group S	0.00
FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP	
	0.00
FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP	
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A COMMUNITY/ AREA COMMUNITY/ AREA	0
FIFTY-FIRST SUBSCRIBER GROUP A O 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 DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
FIFTY-FIRST SUBSCRIBER GROUP A O COMMUNITY/ AREA DSE CALL SIGN DSE CALL	0 DSE

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Thames Valley Communications Inc 62443							
	TATION OF BASE RA	11					
FIFTY-THIRD SUBSCI		FIF.	TY-FOURTH	FOURTH SUBSCRIBER GROUP			
MMUNITY/ AREA	0	COMMUNITY/ AREA	٠		0	9	
ALL SIGN DSE CALL	SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of	
	31311					Base Rate	
						and	
				-		Syndicate	
						Exclusivi	
						Surcharg	
						for Partially	
						Distant	
						Stations	
al DSEs	0.00	Total DSEs			0.00		
ss Receipts First Group \$	0.00	Gross Receipts Seco	and Group	\$	0.00		
se Rate Fee First Group \$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
FIFTY-FIFTH SUBSCI	RIBER GROUP	F	IFTY-SIXTH	SUBSCRIBER GROU	JP		
MMUNITY/ AREA	0	COMMUNITY/ AREA	١		0		
ALL SIGN DSE CALL	SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					· ·		
	······						
al DSEs	0.00	Total DSEs			0.00		
al DSEs poss Receipts Third Group \$	0.00	Total DSEs Gross Receipts Four	th Group		0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Thames Valley Communications Inc 62443								Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	SEVENTH	SUBSCRIBER GRO		Ħ		I SUBSCRIBER GROU	JP	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
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIFT	Y-NINTH	SUBSCRIBER GRO	JP		SIXTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
						H		
		-						
		-						
		•						
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	e base rat 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Thames Valley Communications Inc 62443								Name
BL	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
SIXT	TY-FIRST	SUBSCRIBER GROU	JP	SIXT	Y-SECONE	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
		-						Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
SIXT	Y-THIRD	SUBSCRIBER GROU	JP	SIXT	Y-FOURTH	I SUBSCRIBER GROU	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 Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SIXTY-SIXTH SUBSCRIBER G	LEGAL NAME OF OWNE						SY	STEM ID#	Name
SIXTY-FIRTH SUBSCRIBER GROUP	Thames Valley Co	mmunic	ations Inc					62443	Name
COMMUNITY/ AREA	BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
CALL SIGN DSE CALL SIGN					11			Р	•
CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
Base Rate Fee and Syndicated Exclusivity Surcharge For Partially Distant Stations S									Computation
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Syndicated Exclusivity Surcharge For Partially Distant Stations Syndicated Surcharge For Partially Distant Stations Stati									
Exclusivity Surcharge for Partially Distant Stations Total DSEs O.00 Gross Receipts First Group Surcharge For Partially Distant Stations Total DSEs O.00 Gross Receipts First Group Surcharge For Partially Distant Stations Total DSEs O.00 Susce Receipts Second Group Surcharge For Partially Distant Stations Total DSEs O.00 Susce Receipts Second Group Surcharge For Partially Distant Stations Total DSEs O.00 Susce Receipts Second Group Surcharge For Partially Distant Stations Total DSEs O.00 Susce Rate Fee Second Group Surcharge For Partially Distant Stations Total DSEs O.00 Susce Rate Fee Second Group Surcharge For Partially Distant Stations Total DSEs O.00 Susce Rate Fee Second Group Surcharge For Partially Distant Stations Total DSEs O.00 Susce Rate Fee Second Group Surcharge For Partially Distant Stations Total DSEs O.00 Susce Rate Fee Fourth Group Surcharge For Partially Distant Stations Total DSEs O.00 Susce Rate Fee Fourth Group Surcharge For Partially Distant Stations Total DSEs O.00 Susce Rate Fee Fourth Group Susce Rate Fee Fourth Gr									
Surcharge for Partially Distant Stations Total DSEs									
Total DSEs			-						
Partially Distant Stations Total DSEs Gross Receipts First Group SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Total DSEs Gross Receipts First Group SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA									
Total DSEs Gross Receipts First Group SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE COMMUNITY/ AREA D COMMUNITY/ AR									
Gross Receipts First Group Base Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL							<u>-</u>		
Gross Receipts First Group Base Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL									
Gross Receipts First Group Base Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL			-						
Gross Receipts First Group Base Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL									
Gross Receipts First Group Base Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL									
Gross Receipts First Group Base Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL									
Gross Receipts First Group Base Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL				<u> </u>					
Base Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE	Total DSEs			0.00	Total DSEs			0.00	
SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
COMMUNITY/ AREA 0 COMMUNITY/ A	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	SIXTY-S	EVENTH	SUBSCRIBER GROU	JP	SIX	TY-EIGHTH	SUBSCRIBER GROU	Р	
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.							<u></u>		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			_						
	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				riber group	as shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: hames Valley Communications Inc 62443									
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP				
SI	XTY-NINTH	SUBSCRIBER GRO	UP	:	SEVENTIETH	I SUBSCRIBER GROU	JP	0		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	9 Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate F		
								and		
								Syndicate		
		_						Exclusivity Surcharge		
								for		
								Partially		
								Distant		
								Stations		
		•								
otal DSEs		<u> </u>	0.00	Total DSEs		!!	0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00						
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
SEVE	NTY-FIRST	SUBSCRIBER GRO	UP	SEVEN	ITY-SECONE	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			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 Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
	. 2.24p	Į *	0.00		Стоир	<u> *</u>	0.00			
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$				

CCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP Y-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DSE		SUBSCR	TE EEEE EOD EACH				
O COMMUNITY/ AREA O COMPUTATION DSE CALL SIGN DSE CALL SIGN DSE Of			TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
DSE CALL SIGN DSE CALL SIGN DSE Of	SUBSCRIBER GROUP	/-FOURTH	SEVENT	JP	SUBSCRIBER GROU	TY-THIRD	SEVEN
DSE CALL SIGN DSE CALL SIGN DSE of				0			COMMUNITY/ AREA
Base Rate Fo	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
and							
Syndicated							
Syndroutes Exclusivity							
Surcharge							
for							
Partially Partially							
Distant Stations							
0.00 Total DSEs 0.00			Total DSEs	0.00			Total DSEs
	•	d C					
pup \$ 0.00 Gross Receipts Second Group \$ 0.00	\$	a Group	Gross Receipts Secon	0.00	*	roup	Gross Receipts First G
pup \$ 0.00 Base Rate Fee Second Group \$ 0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First G
Y-FIFTH SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP	SUBSCRIBER GROUP	ITY-SIXTH	SEVEN		SUBSCRIBER GROU	ITY-FIFTH	SEVEN
0 COMMUNITY/ AREA 0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			Total DSEs	0.00			otal DSEs
oup <u>\$</u> 0.00 Gross Receipts Fourth Group <u>\$</u> 0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third (
oup \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	\$	Group	Base Rate Fee Fourth	0.00	ase Rate Fee Third Group \$ 0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Thames Valley Co	mmunic	ations Inc					62443	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
						-		Partially Distant
								Stations
		-						Otations
							<u> </u>	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SEVENT	Y-NINTH	SUBSCRIBER GROU	JP		EIGHTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
OALL GIGIT	DOL	CALL GIGIT	DOL	CALL GIGIT	DOL	OALL GIOIN	DOL	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				••				
Base Rate Fee: Add the			riber group	as shown in the boxes	above.	¢		
Enter here and in block	J, IIIIE 1, S	phace r (hade 1)				Ψ		

	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Chames Valley Communications Inc 62443									
				TE FEES FOR EACH	H SUBSCF	RIBER GROUP				
EIGH1	Y-FIRST	SUBSCRIBER GROU	JP	EIGHT	Y-SECONE	SUBSCRIBER GROU	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
		=						Base Rate Fee		
								and		
								Syndicated		
								Exclusivity Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DSEs	<u> </u>		0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	Gross Receipts Second Group \$ 0.00					
	'					<u>·</u>				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00			
	Y-THIRD	SUBSCRIBER GROU	JP	EIGHT	Y-FOURTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00			
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourt	h Group	\$	0.00				
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes	above.	\$				

	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Chames Valley Communications Inc 62443									
				TE FEES FOR EAC	H SUBSCF	RIBER GROUP				
EIGH ⁻	TY-FIFTH	SUBSCRIBER GRO	JP	EIG	HTY-SIXTH	I SUBSCRIBER GROU	JP	0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
EIGHTY-S	EVENTH	SUBSCRIBER GRO	JP	EIGH	TY-EIGHTH	I SUBSCRIBER GROU	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 Fourt	h Group	\$	0.00			
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourt	h Group	\$	0.00				
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	above.	\$				

	EGAL NAME OF OWNER OF CABLE SYSTEM: hames Valley Communications Inc 62443									
Bl	OCK A: (TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity Surcharge		
						•		for		
								Partially		
								Distant		
								Stations		
Total DSEs		_	0.00	Total DSEs		_	0.00			
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
NINE	TY-FIRST	SUBSCRIBER GRO	JP	NINE.	TY-SECOND	SUBSCRIBER GRO	UP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	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	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
Base Rate Fee Third G	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	s above.	\$				

	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62443									
	BLOCK A:			TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP			
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated Exclusivity		
		_						Surcharge		
								for		
								Partially		
								Distant Stations		
								Stations		
Total DSEs		<u> </u>	0.00	Total DSEs		Į.	0.00			
	t Croup	.	0.00		and Craun	•	0.00			
Gross Receipts First	i Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00			
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
NII	NETY-FIFTH	SUBSCRIBER GRO	UP	N	INETY-SIXTH	SUBSCRIBER GRO	UP			
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
			scriber group	as shown in the boxe	es above.					
Enter here and in blo	ock 3, line 1,	space L (page 7)				\$				

	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Chames Valley Communications Inc 62443									
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP				
NINETY-S	EVENTH	SUBSCRIBER GROU		NINE	TY-EIGHTH	SUBSCRIBER GROU	JP	0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
		=						Base Rate Fee		
								and		
		-						Syndicated		
								Exclusivity Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DSEs	 		0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	Gross Receipts Second Group \$ 0.00					
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00			
NINET	Y-NINTH	SUBSCRIBER GROU	JP	ONE HI	JNDREDTH	SUBSCRIBER GROU	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 Fourt	h Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$				

0 9 Computation	BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPLITATION OF	L OCK A. (
Computation	SUBSCRIBER GROUP				SOME STATISTY OF	LUCK A: (B
Computation	0020011122111011001	ONE HUNDRED	JP	SUBSCRIBER GROU	ED FIRST	ONE HUNDR	
	0	COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe							
Syndicated							
Exclusivity	-						
Surcharge					_		
for							
Partially							
Distant							
Stations							
	-						
.00	0.00		Total DSEs	0.00			Total DSEs
.00	\$ 0.00	Gross Receipts Secon	0.00	\$	iroup	Gross Receipts First G	
.00	\$ 0.00	d Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First G
	SUBSCRIBER GROUP	FOURTH	ONE HUNDRED	JP	SUBSCRIBER GROU	ED THIRD	ONE HUNDR
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	-						
.00	0.00		Total DSEs	0.00			Γotal DSEs
.00	\$ 0.00	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third (
.00	\$ 0.00	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third (

	EGAL NAME OF OWNER OF CABLE SYSTEM: Chames Valley Communications Inc 62443								
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP			
ONE HUNDRE	ED FIFTH	SUBSCRIBER GROU		t to the second		SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
		=						Base Rate Fee	
								and	
								Syndicated	
								Exclusivity Surcharge	
		-						for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
ONE HUNDRED S	EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRI	ED EIGHTH	I SUBSCRIBER GROU	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 Fourt	h Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes	above.	\$			

	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Chames Valley Communications Inc 62443									
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP				
ONE HUNDRE	D NINTH	SUBSCRIBER GROU	JP	ONE HUNDR	RED TENTH	SUBSCRIBER GROU	JP	0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
		=						and		
								Syndicated		
								Exclusivity		
								Surcharge for		
								Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs		11	0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00			
ONE HUNDRED EL	EVENTH.	SUBSCRIBER GROU	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	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 Fourth	h Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes	above.	\$				

LEGAL NAME OF OWI Thames Valley C						S	YSTEM ID# 62443	Name
				TE FEES FOR EAC			_	
		SUBSCRIBER GRO		H .		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			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
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED I	FIFTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	s above.	\$		

SYSTEM ID# 62443 Name						LEGAL NAME OF OWNE Thames Valley Co
SUBSCRIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
HTEENTH SUBSCRIBER GROUP	HTEENTH			SUBSCRIBER GROU	ITEENTH	NE HUNDRED SEVEN
0 Computat		COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE of	1	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						
and						
Syndicat						
Exclusiv Surchar				-		
for						
Partially				-	-	
Distant						
Stations						
0.00		Total DSEs	0.00			Total DSEs
Group \$ 0.00	ıd Group	Gross Receipts Secon	0.00	\$	าดเมท	Gross Receipts First Gr
<u> </u>	ia Croap	Cross resolpts essen			очр	oroso resocipio riliot Si
Group \$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
ENTIETH SUBSCRIBER GROUP	WENTIETH		JP	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				-		
				-		
					-	
				•		
0.00		Total DSEs	0.00		1	Total DSEs
	Croup	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
Group \$ 0.00	Gloup					
Group \$ 0.00	Gloup					

Name	62443	S						LEGAL NAME OF OWNE Thames Valley Co
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
٥		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED TWENT		SUBSCRIBER GRO	NTY-FIRST	ONE HUNDRED TWEN
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
Syndicated Exclusivity								
Surcharge							-	
for						-	···	
Partially								
Distant								
Stations		_				-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	_	SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED TWENT		SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
						-	···	
						_		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

EGAL NAME OF OWNER OF CABLE SYST Thames Valley Communication					62443
		RATE FEES FOR EAC			
ONE HUNDRED TWENTY-FIFTH SUBS		H		SUBSCRIBER GROUP	
COMMUNITY/ AREA		O COMMUNITY/ AREA	Α		0
CALL SIGN DSE CA	LL SIGN DSE	E CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs	0.00	Total DSEs		<u> </u>	0.00
		-	l O		-
	0.00	Gross Receipts Seco	ona Group	\$	0.00
Gross Receipts First Group \$		- ∥			1
Base Rate Fee First Group \$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
				\$ SUBSCRIBER GROUP	
ase Rate Fee First Group \$		ONE HUNDRED TWE	ENTY-EIGHTH		
ase Rate Fee First Group \$ E HUNDRED TWENTY-SEVENTH SUBS OMMUNITY/ AREA	CRIBER GROUP	ONE HUNDRED TWE	ENTY-EIGHTH		
ase Rate Fee First Group \$ E HUNDRED TWENTY-SEVENTH SUBS OMMUNITY/ AREA	CRIBER GROUP 0	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	0
ase Rate Fee First Group \$ E HUNDRED TWENTY-SEVENTH SUBS OMMUNITY/ AREA	CRIBER GROUP 0	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	0
ase Rate Fee First Group \$ E HUNDRED TWENTY-SEVENTH SUBS OMMUNITY/ AREA	CRIBER GROUP 0	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	0
ase Rate Fee First Group \$ E HUNDRED TWENTY-SEVENTH SUBS OMMUNITY/ AREA	CRIBER GROUP 0	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	0
E HUNDRED TWENTY-SEVENTH SUBS	CRIBER GROUP 0	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	0
E HUNDRED TWENTY-SEVENTH SUBS	CRIBER GROUP 0	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	0
E HUNDRED TWENTY-SEVENTH SUBS	CRIBER GROUP 0	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	0
E HUNDRED TWENTY-SEVENTH SUBS	CRIBER GROUP 0	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	0
E HUNDRED TWENTY-SEVENTH SUBS	CRIBER GROUP 0	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	0
E HUNDRED TWENTY-SEVENTH SUBS	CRIBER GROUP 0	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	0
E HUNDRED TWENTY-SEVENTH SUBS	CRIBER GROUP 0	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	0
ase Rate Fee First Group \$ E HUNDRED TWENTY-SEVENTH SUBS OMMUNITY/ AREA	CRIBER GROUP 0	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP	0
E HUNDRED TWENTY-SEVENTH SUBSECTION DOMINITY/ AREA	CRIBER GROUP 0	ONE HUNDRED TWE COMMUNITY/ AREA E CALL SIGN	ENTY-EIGHTH	SUBSCRIBER GROUP	0
E HUNDRED TWENTY-SEVENTH SUBS	LL SIGN DSE	ONE HUNDRED TWE COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GROUP	DSE
E HUNDRED TWENTY-SEVENTH SUBSECTION DOMINITY/ AREA CALL SIGN DSE CA	LL SIGN DSE	ONE HUNDRED TWE COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GROUP CALL SIGN	DSE

LEGAL NAME OF OWI Thames Valley C						S	YSTEM ID# 62443	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED TW	ENTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDRE	D THIRTIETH	I SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
						-		Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TI	HIRTY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED THI	RTY-SECONE	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		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 Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	s above.	\$		

Thames Valley Communi	BLE SYSTEM: cations Inc				S	62443
	COMPUTATION OF		TI .			
ONE HUNDRED THIRTY-THIR COMMUNITY/ AREA) SUBSCRIBER GROUP	0	ONE HUNDRED TH		1 SUBSCRIBER GROUP	0
		U				U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		<u>"</u>				
Total DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
ONE HUNDRED THIRTY-FIFT)	ONE HUNDRED	THIRTY-SIXTH	H SUBSCRIBER GROUF)
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Fotal DSEs		0.00	Total DSEs			0.00
Total DSEs Gross Receipts Third Group	- \$	0.00	Total DSEs Gross Receipts Fou	irth Group	\$	0.00
	\$			orth Group	\$	

LEGAL NAME OF OWN Thames Valley C						S	62443	Name
ONE HUNDRED THIRT	Y-SEVENTH		P	Ti .	IIRTY-EIGHTH	IBER GROUP SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (-	\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GROU				SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo	the base ra tck 3, line 1,	te fees for each subs space L (page 7)	criber group	as shown in the boxe	s above.	\$		

SYSTEM ID# 62443	S						LEGAL NAME OF OWNE Thames Valley Co
			TE FEES FOR EACH				
	SUBSCRIBER GROUP	TY-SECOND			SUBSCRIBER GROUP	TY-FIRST	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
E							
	-						
0.00	Ц		T	0.00		<u> </u>	
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First Gr
0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	oup	3ase Rate Fee First Gr
GROUP	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED FOR	ı	SUBSCRIBER GROUP	TY-THIRD :	ONE HUNDRED FOR
GROUP 0	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	
0	SUBSCRIBER GROUP CALL SIGN	TY-FOURTH			SUBSCRIBER GROUP CALL SIGN	TY-THIRD	OMMUNITY/ AREA
0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
0			COMMUNITY/ AREA	0			
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
0			COMMUNITY/ AREA	0			CALL SIGN
DSE		DSE	CALL SIGN	DSE		DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNE Thames Valley Co						S	YSTEM ID# 62443	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
ONE HUNDRED FOR	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED F	ORTY-SIXTH	I SUBSCRIBER GROUP		٥
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
					<u> </u>			for
								Partially
								Distant
		-						Stations
Total DSEs	!		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
								
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-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>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Thames Valley C						S	YSTEM ID# 62443	Name
				TE FEES FOR EAC			LID	
ONE HUNDRED FOR COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GRO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
						-		and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
						_		Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED 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 Foul	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

Name	62443	S'						LEGAL NAME OF OWNE Thames Valley Co
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	/-FOURTH	ONE HUNDRED FIFT		SUBSCRIBER GROU	Y-THIRD	ONE HUNDRED FIFT
Computa	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	Base Rate Fee First Gr
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				Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
	0.00	\$	Group					
	0.00	\$	Group	Cross rescipto r sura				

WNER OF CABLE SYSTEM: SYSTEM Communications Inc	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
IFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP	
EA COMMUNITY/ AREA	0 Com
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
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rst Group \$ 0.00 Gross Receipts Second Group \$	0.00
st Group \$ 0.00 Base Rate Fee Second Group \$	0.00
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D FIFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP	
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D FIFTY-NINTH SUBSCRIBER GROUP EA COMMUNITY/ AREA O COMMUNITY/ AREA	0
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LEGAL NAME OF OWNE Thames Valley Co			•			S	YSTEM ID# 62443	Name
В				TE FEES FOR EAC				
		SUBSCRIBER GRO	UP			SUBSCRIBER GROU		9
COMMUNITY/ AREA	Groton			COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
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								Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 659	,164.67	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
201414111171117111711	THIRD	SUBSCRIBER GRO				1 SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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 (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
							<u> </u>	
Base Rate Fee: Add th			criber group	as shown in the boxe	s above.			
Enter here and in blocl	k 3, line 1, s	space L (page 7)				\$	0.00	

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a		SUBSCRIBER GROU	SIXTH			SUBSCRIBER GROU	FIFTH	
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								LEGAL NAME OF OWNE Thames Valley Co
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	UP	SUBSCRIBER GROU	TENTH			SUBSCRIBER GROU	NINTH	
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st Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
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ird Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third C

Name	YSTEM ID# 62443					ations inc	mmunica	LEGAL NAME OF OWNE Thames Valley Co
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ross Receipts First Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
1033 Neccipis i list Group	4	0.00	Cross receipts occ	ond Group	y	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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ications Inc 62443	Na	YSTEM ID# 62443	S						EGAL NAME OF OWNE Thames Valley Co
A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
ST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP	-		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
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			\$	Group			\$	Group	otal DSEs Gross Receipts Third G

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP TWENTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL S	9
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Total DSEs 0.00 Total DSEs 0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
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Name	YSTEM ID# 62443	51				ations Inc		Thames Valley Co
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GROU	Y-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	YSTEM ID# 62443					ations Inc		LEGAL NAME OF OWNE Thames Valley Co
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Name	YSTEM ID# 62443					ations Inc		Thames Valley Co
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	0.00 JP	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	COMMUNITY/ AREA
	0.00 JP	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	Y-NINTH	FIFT COMMUNITY/ AREA
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	O.00 JP OSE O.00	\$ I SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs	DSE DSE O.000	SUBSCRIBER GROU	Y-NINTH DSE	CALL SIGN CALL SIGN Total DSEs
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and								
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	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	4	SUBSCRIBER GROUP		SIXTY	JP	\$ SUBSCRIBER GROU		SIXT
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Thames Valley Communi	BLE SYSTEM: cations Inc				S	YSTEM ID# 62443
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oss Receipts First Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00
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SIXTY-SEVENTI	H SUBSCRIBER GRO	UP 0	SIXT COMMUNITY/ AREA	Y-EIGHTH	I SUBSCRIBER GROU	JP 0
SIXTY-SEVENTI	H SUBSCRIBER GRO	UP 0	SIXT COMMUNITY/ AREA	Y-EIGHTH	I SUBSCRIBER GROU	JP 0
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Name	YSTEM ID# 62443	S'						LEGAL NAME OF OWNE Thames Valley Co
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9		SUBSCRIBER GROU	/ENTIETH			SUBSCRIBER GROU	Y-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	62443	S						LEGAL NAME OF OWNE Thames Valley Co
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	SLOCK A: (В
0	IP	SUBSCRIBER GROU	/-FOURTH	SEVENT	JP	SUBSCRIBER GRO	ITY-THIRD	SEVEN
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	IP	SUBSCRIBER GROU	NTY-SIXTH	SEVEN	JP	SUBSCRIBER GRO	NTY-FIFTH	SEVEN
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Thames Valley Commun						
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se Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00
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Name	62443						mmunica	Thames Valley Co
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Thames Valley Communications Inc 62443								
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NI	LEGAL NAME OF OWNER OF CABLE SYSTEM: Thames Valley Communications Inc 62443									
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Name	YSTEM ID# 62443	LEGAL NAME OF OWNER OF CABLE SYSTEM: Thames Valley Communications Inc 62443							
		IBER GROUP	UBSCRI	TE FEES FOR EACH	BASE RA				
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Thames Valley Communications Inc 62443 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Thames Valley Communications Inc 62443 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Thames Valley Communications Inc 62443 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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