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

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

### SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2019/2											
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco	ss of the cable syster on the last day of to nunting period.	em. he accounting period should so									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  CABLE ONE, INC.											
				00628520192								
				006285 2019/2								
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626											
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.											
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT	•	<u>_</u>	<u>·</u>								
	MAILING ADDRESS OF CABLE SYSTEM: 4127 NOWATA ROAD (Number, street, rural route, apartment, or suite number) BARTLESVILLE, OK 74006 (City, town, state, zip code)											
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and i	relist on page 1b								
Area Served	with all communities. CITY OR TOWN	STATE										
First	BARTLESVILLE	OK										
Community	Below is a sample for reporting communities if you report multiple ch		Space G.									
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#								
Sample	Alda	MD	A	1								
Campio	Alliance	MD	В	2								
	Gering	MD	В	3								

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.			SYSTEM ID# 006285	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporates and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The free of system identification hereafter known as the "first community." Please use it as the first	orated communiti t community that	es within unincorp you list will serve	orated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should b	e reported in pare	entheses	
If all communities receive the same complement of television broadcast stations (i.e., or 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. I levant community	f you report any so	tations r group,	
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber gro		•	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
BARTLESVILLE	OK			First
DEWEY	OK			Community
NOWATA	OK			
VINITA	OK			
CRAIG COUNTY	OK			
				See instructions for additional information
				on alphabetization.
				Add rows as nosossany
				Add rows as necessary.
	•••••••••••••••••••••••••••••••		***************************************	
			***************************************	
			***************************************	
	***************************************			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

006285

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1				BLOC	K 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	SUBSCRIBERS		IXAIL	╫	CATEGORY OF SERVICE	SUBSCRIBERS	IVATE
Service to first set	4,205	\$	40.00				
<ul> <li>Service to additional set(s)</li> </ul>				11			
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel				] ["			
Commercial	215	\$	40.00				
Converter							
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>							
		1		1 1			

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLO	CK 1			BLOCK 2	
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	18.00	Motel, hotel		COST	TIER 1	\$ 44.00
<ul> <li>Pay cable—add'l channel</li> </ul>	\$	12.00	Commercial		COST		
Fire protection			• Pay cable				
<ul><li>Burglar protection</li></ul>			<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential			Fire protection				 
• First set	\$	90.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>	\$	60.00	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	60.00		
Converter			Disconnect				 
			Outlet relocation	\$	60.00		 
			Move to new address	\$	60.00		 

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006285 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) **KDOR** 17 BARTLESVILLE, OK ı No **KGEB** 49 ı No TULSA, OK See instructions for additional information **KJRH** 8 Ν No TULSA, OK on alphabetization. **KMYT** 42 TULSA, OK ı No 42 TULSA, OK KMYT-2 I-M No 11 **KOED** Ε No TULSA, OK KOKI 22 ı No TULSA, OK **KOTV** 45 Ν No TULSA, OK KOTV-2 45 N-M No TULSA, OK KQCW-2 20 I-M No MUSKOGEE, OK **KRSC** 36 Ε CLAREMORE, OK No 28 **KTPX** OKMULGEE, OK No TULSA, OK **KTUL** 10 Ν No KTUL-2 10 TULSA, OK I-M No KTUL-4 10 I-M No TULSA, OK **KWHB** TULSA, OK 47 I No KTUL-3 10 I-M TULSA, OK No

LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				006285	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G
•				•	tain network programs [sections and (2) certain stations carried on a	Primary
substitute program ba	sis, as explaine	ed in the next	paragraph.		• •	Transmitters:
Substitute Basis Substi				s carried by your	cable system on a substitute program	Television
•				ne Special Statem	ent and Program Log)—if the	
station was carried	•		-4'	المحادة والمحاط	ituta basis and also an associate a	
-	nformation con				itute basis and also on some other of the general instructions located	
		•			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			·	,		
			-		tion for broadcasting over-the-air in	
on which your cable sy			nannei 4 in vvas	nington, D.C. This	s may be different from the channel	
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial	
-	-	•	,	•	cast), "I" (for independent), "I-M"	
For the meaning of the	, .		, .	,	commercial educational multicast). the paper SA3 form.	
Column 4: If the st	ation is outside	e the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local serv						
· ·			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	tion on a part-ti	me basis bec	ause of lack of	activated channel	capacity.	
					y payment because it is the subject stem or an association representing	
_				-	ary transmitter, enter the designa-	
					ther basis, enter "O." For a further	
					ed in the paper SA3 form.  by to which the station is licensed by the	
					h which the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AB		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	]
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION	, ,	(If Distant)		
						1
						1
						1
						1

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006285 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006285 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under PCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections as substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried only our cable system 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 PCC rules, regulations, or authorizations:  1 bit not station here in a pasce —But do list it in space I (file station was carried only on a substitute basis.  1 bit she station here, and also in space —But do list it in space I (file 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 page SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify set T-Asimulcash  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 an network station, an independent station, or a noncommercial educational multicash. For the meaning of these starries, see page (v) of the general instructions located in the pager SA3 form.  Column 4: Indicate in each case whether the station is an etwork station, an independent station, or a noncommercial educational multicash. For the meaning of these starries, and
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:  10 not list the station here, and also in space (1, this 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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams massociated with a station according to its over-the-air designation. For example, 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 5: In clicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). For the meaning of these terms, 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, stat
Courned 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), 76.61(e)(2) and (4)), 76.61(e)(2) and (4).61(e)(2) and (4), 76.61(e)(2) and (4).61(e)(2) and (4).61(e)(4).61(e)(4).61(e)(4).61(e)(4).61(e)(4).61(e)(4).61(e)(4).61(e)(4).61(e)(4).61(e)
Primary Trasmitters: Substitute program basis, as explained in the next paragraph.  Substitute program basis, as explained in the next paragraph.  Trasmitters: 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:  To 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 small assistance as separately; for example WETA-simulcast).  Column 2: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sust be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, i.e. "distant"), enter "Yes". If not, ente
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 C—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. "If (for network, "N-M" (for network 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 enterd "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting perio
basis under specific PCC 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-N" (for network multicast), "I' (for independent), "-N" (for independent multicast), "E" (for incommercial educational) or "E-N" (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
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 associated with a station according to its over-the-air designation. For example, report multicast streams as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station of a distant multicast stream
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 6: 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 of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered "inco nor before June 30, 2009, between a cable system or an as
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-S". 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), ""-M" (for network multicast), "" (for independent), ""-I" (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 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 crimary transmitter, enter the design
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 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 retwork multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LC" if your cable system carried the distant station during the accounting period. Indicate by entering "LC" if your cable system carried the 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 or an association representing the cable system or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E".
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of e
WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (y) 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 identified.  Note: If you are utilizing
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.  Note: If you are utilizing multiple ch
on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP  AF  1. CALL  SIGN  CHANNEL  CHAN
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), "I (for independent 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 or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AF  1. CALL 2. B'CAST OF CHANNEL OF CARRIAGE
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP  AF  1. CALL  2. B'CAST  CHANNEL  OF  4. DISTANT?  5. BASIS OF  CARRIAGE  6. LOCATION OF STATION
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AF  1. CALL  2. B'CAST  3. TYPE  4. DISTANT?  (Yes or No)  CARRIAGE  6. LOCATION OF STATION
Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AF  1. CALL  2. B'CAST  CHANNEL  3. TYPE  4. DISTANT?  5. BASIS OF  CARRIAGE  6. LOCATION OF STATION  CARRIAGE
Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP  AF  1. CALL  SIGN  CHANNEL  OF  4. DISTANT?  5. BASIS OF  CARRIAGE  6. LOCATION OF STATION  CARRIAGE
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP  AF  1. CALL  2. B'CAST  3. TYPE  4. DISTANT?  (Yes or No)  CARRIAGE  6. LOCATION OF STATION  6. LOCATION OF STATION
carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP  AF  1. CALL  2. B'CAST  CHANNEL  OF  4. DISTANT?  5. BASIS OF  CARRIAGE  6. LOCATION OF STATION  CHANNEL  CHA
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AF  1. CALL  2. B'CAST  3. TYPE  4. DISTANT?  5. BASIS OF  6. LOCATION OF STATION  CHANNEL OF  (Yes or No)  CARRIAGE
the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP  AF  1. CALL SIGN  2. B'CAST CHANNEL OF  4. DISTANT? CARRIAGE  6. LOCATION OF STATION CARRIAGE
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 identified.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AF  1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AF  1. CALL 2. B'CAST SIGN 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CHANNEL OF CARRIAGE
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AF  1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE  6. LOCATION OF STATION CARRIAGE
CHANNEL LINE-UP AF  1. CALL SIGN 2. B'CAST CHANNEL OF 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE
SIGN CHANNEL OF (Yes or No) CARRIAGE
SIGN CHANNEL OF (Yes or No) CARRIAGE
NUMBER STATION (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006285	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program basis \$	sis, as explaine Stations: With	d in the next respect to an	paragraph. y distant station	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
basis. For further in the paper SA3 fo	nformation cond orm.	cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify	
each multicast stream cast stream as "WETA-WETA-simulcast).	associated wit A-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	ation. For example, report multi- ch stream separately; for example	
its community of licens on which your cable sy	se. For example stem carried the	e, WRC is Ch ne station.	annel 4 in Wasl	hington, D.C. This	tion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial	
(for independent multi- For the meaning of the <b>Column 4:</b> If the st	cast), "E" (for n ese terms, see ation is outside	oncommercian page (v) of the the local ser	al educational), de general instru vice area, (i.e. "	or "E-M" (for nonc ctions located in t distant"), enter "Y	es". If not, enter "No". For an ex-	
cable system carried t carried the distant stat	ave entered "Y he distant station ion on a part-ti	es" in column on during the me basis bec	accounting perions of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system	
of a written agreement the cable system and tion "E" (exempt). For	t entered into o a primary trans simulcasts, als	n or before Ju mitter or an a o enter "E". If	une 30, 2009, be ssociation repre you carried the	etween a cable system esenting the primation channel on any o	stem or an association representing iry transmitter, enter the designa- ther basis, enter "O." For a further	
Column 6: Give th	e location of ea Canadian statio	ich station. Fo	or U.S. stations, re the name of the	list the communit he community with	ed in the paper SA3 form.  y to which the station is licensed by the  n which the station is identifed.  channel line-up.	
		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
			•			
				•		

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006285	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
•	6.61(e)(2) and	(4), or 76.63 (	referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	Stations: With	respect to an	y distant station	s carried by your	cable system on a substitute program	Television
basis under specifc FC				o Special Statem	ent and Program Log)—if the	
station was carried	•		st it iii space i (ii	ie opeciai otatem	ient and Program Log/—ii the	
• List the station here,	and also in spa nformation cond	ace I, if the st			itute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			•	,	tion for broadcasting over-the-air in	
_			nannel 4 in Was	hington, D.C. This	s may be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial	
	•	•	, .	•	cast), "I" (for independent), "I-M" commercial educational multicast).	
For the meaning of the	ese terms, see	page (v) of th	ne general instru	ctions located in t	the paper SA3 form.	
					es". If not, enter "No". For an ex-	
planation of local servi					e paper SA3 form. stating the basis on which your	
cable system carried to	he distant stati	on during the	accounting peri	od. Indicate by en	tering "LAC" if your cable system	
carried the distant stat					capacity. y payment because it is the subject	
					stem or an association representing	
the cable system and	a primary trans	mitter or an a	ssociation repre	esenting the prima	ary transmitter, enter the designa-	
					other basis, enter "O." For a further ed in the paper SA3 form.	
					ty to which the station is licensed by the	
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	e the name of t	he community wit	h which the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	n channel line-up.	_
	,	CHANN	EL LINE-UP	AH		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		4
						"
						"
						"
						<u>"</u>

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006285 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AI 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006285 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006285	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
•	6.61(e)(2) and	(4), or 76.63 (	referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:
	•			s carried by your	cable system on a substitute program	Television
basis under specifc FC				0	and and Branco and any of the	
<ul> <li>Do not list the station station was carried</li> </ul>			st it in space I (th	ne Special Statem	nent and Program Log)—if the	
• List the station here,	and also in spanformation cond	ace I, if the st			itute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			•	,	tion for broadcasting over-the-air in	
_			nannel 4 in Was	hington, D.C. This	s may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
educational station, by	entering the le	etter "N" (for n	etwork), "N-M"	(for network multi	cast), "I" (for independent), "I-M"	
(for independent multion for the meaning of the	, .		, .	,	commercial educational multicast).	
					es". If not, enter "No". For an ex-	
planation of local servi	ice area, see p	age (v) of the	general instruc	tions located in th	e paper SA3 form.	
-			•	•	stating the basis on which your ntering "LAC" if your cable system	
carried the distant stat						
					ry payment because it is the subject	
_				•	stem or an association representing ary transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any c	other basis, enter "O." For a further	
					ed in the paper SA3 form.  ty to which the station is licensed by the	
					h which the station is identifed.	
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		
	NUMBER	STATION		(If Distant)		
						"
						.,
						"
						"
						"

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006285 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

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LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006285	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and easis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	31(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
	nformation con				itute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
			-		tion for broadcasting over-the-air in s may be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for r ese terms, see	noncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
planation of local serv  Column 5: If you h	ice area, see p ave entered "Y	age (v) of the 'es" in columr	general instruct a 4, you must co	tions located in th mplete column 5,		
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing	
the cable system and tion "E" (exempt). For	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	esenting the prima channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give th	e location of ea Canadian statio	ach station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communit he community with	ty to which the station is licensed by the handle had been had been had been been the station is identifed.	
-		CHANN	EL LINE-UP	AN	<u> </u>	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)	6. LOCATION OF STATION	
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LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				006285	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections	<b>G</b> Primary		
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								
Do not list the station	basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.							
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located			
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example			
Column 2: Give th	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel			
Column 3: Indicate educational station, by	e in each case of entering the le	whether the setter "N" (for n	etwork), "N-M" (	(for network multic	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast).			
For the meaning of the Column 4: If the st planation of local services	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-			
Column 5: If you h	ave entered "Y he distant station	es" in column on during the	4, you must co	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system			
of a written agreement	t entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	y payment because it is the subject stem or an association representing ary transmitter, enter the designa-			
explanation of these th	ree categories	, see page (v	of the general	instructions locate	ther basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the			
	Canadian statio	ons, if any, giv	e the name of t	he community with	n which the station is identifed.			
		CHANN	EL LINE-UP	AR				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006285 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AS 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006285 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 006285 CABLE ONE, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006285									
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
<b>In General:</b> In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS									
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please and every no distant state agulations, of the state address station address when the Example: a er "R" if the and regulation of the state and regulation of th	attach addition nnetwork televion and that your authorization of use general BA Basketball: deast live, enterstation broader on's location (tlons, if any, the when your system of the program carrolisted program ons in effect design and the program on the program of the pr	hal pages. Prision program (substitute pour cable system substitute ins. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls."  For "Yes." Otherwise enter "Pasting the substitute prograte community to which the community with which the stem carried the substitute or gram was carried by your fied by a system from 6:01:  To was substituted for prograturing the accounting periods.	program) that ed for the properal instruct r "basketball No." am. station is lic station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the left of forms of the station is the station is ide program.	t, during the ogramming of tions located." List specifiensed by the entified). The numerals, in List the tine (28:30 p.m. styour system etter "P" if the	accounting f another sta in the pape fic program e FCC or, in with the mon nes accurate should be was require e listed pro	ation r nth		
	I IRSTITI IT	E PROGRAM	1		EN SUBSTI	_	7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES TO	FOR DELETION		
					-				
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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

**SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 006285 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name					
CAI	BLE ONE, INC.		006285	Name					
Inst all a (as i	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmissi	on service	<b>K</b> Gross Receipts					
	Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.	\$	1,185,249.12						
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of g	ross receipts)						
<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>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.</li> <li>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.</li> </ul>									
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ${\sf k}$ 3 below.	e entered on line	1 of						
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2	in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered or	n line						
1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K								
	Line 2. Multiply the amount in line 1 by 0.01064		1,100,240.12						
	Enter the result here.  This is your minimum fee.  \$ 12,611.05								
	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period and yes—Complete the DSE schedule.</li> <li>No—Leave block 3 below blank and one of the properties of the propertie</li></ul>	nn 4, you must ch	neck						
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	- -						
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00						
	Line 3. Add lines 1 and 2 and enter here	\$	-						
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	\$	12,611.05	Cable systems					
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.		0.00	submitting additional deposits under					
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	Section 111(d)(7) should contact					
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the appropriate					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	13,336.05	form for submitting the					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	(See page (i) of th	e	additional fees.					

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM ID# 006285
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364-6195	
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)  PHOENIX, AZ 85012-2626 (City, town, state, zip)	
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013	
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified	
	in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	n
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	
	/s/ Raymond Storck	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "I button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.  Typed or printed name: RAYMOND STORCK	F2"
	Title: VICE PRESIDENT	
	(Title of official position held in corporation or partnership)  Date: February 28, 2020	

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID:	Name							
CABLE ONE, INC. 006285	,							
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."	P Special Statement							
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?	Exclusion							
X NO								
YES. Enter the total here and list the satellite carrier(s) below								
Name Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address								
INTEREST ASSESSMENTS								
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q							
Line 1 Enter the amount of late payment or underpayment	Interest - Assessment							
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -							
Line 3 Multiply line 2 by the number of days late and enter the sum here	_							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)								
(interest charge)	-							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.								
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.								
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.								
Owner Address								
First community served Accounting period								
ID number								

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

**ACCOUNTING PERIOD: 2019/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006285									
•										
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:	1						
	Add the DSEs of each station.									
	Enter the sum here and in line 1 of part 5 of this schedule.									
2	Instructions:									
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
0	of space G (page 3).	• for each inden	andant station, give the DCI	= 00 "1 O": for a	and natwork or nancom					
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."									
Category "O"										
Stations	CALL SIGN	CATEGORY "O" STATIONS: DSEs  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										
	h	k		· t						

			<b>=</b>
	I		

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

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						9	SYSTEM ID#
Name	CABLE ONE	, INC.							006285
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the page sea.								
Capacity		C	ATEGORY LA	AC STATIONS:	COMPUTAT	ION OF D	SEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE	JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE		5. TYPE VALUE	6. DS	SE
			÷		=	<u> </u>		=	
			<u>÷</u>		_	X		=	
			÷ ÷			X		<u>_</u>	
			÷		=	Х		=	
			÷		=	х	(	=	
			÷		=	Х	<u> </u>	<u> </u>	
			÷		= x =				
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of page		ule,	▶		0.00		
Computation of DSEs for Substitute-Basis Stations	<ul> <li>Instructions:</li> <li>Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: <ul> <li>Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and</li> <li>Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).</li> <li>Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.</li> <li>Column 3: Enter the number of days in the calendar year: 365, except in a leap year.</li> <li>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).</li> </ul> </li> </ul>								rm).
		SU	BSTITUTE-BA	ASIS STATION	IS: COMPUTA	ATION OF	DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUN OF PRO	MBER OGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		=			÷		=
		-		=			÷		
		÷		=			÷		
				=			÷		=
		<u>:</u>		=			÷		=
	Add the DSEs	of SUBSTITUTE-BASI of each station. Im here and in line 3 of pa		ule,	▶		0.00		
5		ER OF DSEs: Give the ams applicable to your system		es in parts 2, 3, and	d 4 of this schedu	le and add the	em to provide	the total	
Total Number	1. Number o	f DSEs from part 2 ●				<b></b>		0.00	
of DSEs	2. Number o	f DSEs from part 3 ●				<u></u>		0.00	
	3. Number o	f DSEs from part 4 ●				<b>-</b>		0.00	
	TOTAL NUMBE	R OF DSEs					<u> </u>		0.00

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	S'	YSTEM ID#	Nama
CABLE ONE, INC.		006285	Name
Instructions: Block A must be completed. In block A:			C
• If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, schedule.	(page 16) of the	е	6
• If your answer if "No," complete blocks B and C below.			Computation of
BLOCK A: TELEVISION MARKETS  Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC	rules and regul	ations in	3.75 Fee
effect on June 24, 1981?  Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.	rules and regul		
X No—Complete blocks B and C below.			
BLOCK B: CARRIAGE OF PERMITTED DSEs			
Column 1:  CALL SIGN  List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system of under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stress Satellite Television Extension and Localism Act of 2010.)	tations, see the	·	
Column 2: BASIS OF PERMITTED CARRIAGE  Enter the appropriate letter indicating the basis on which you carried a permitted station.  (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)  A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.6 76.61(b)(c)]  B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61 C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]  D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered station instructions for DSE schedule).  E Carried pursuant to individual waiver of FCC rules (76.7)  *F A station previously carried on a part-time or substitute basis prior to June 25, 1981  G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referrin M Retransmission of a distant multicast stream.	nns in the		
Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.  *(Note: For those stations identified by the letter "F" in column 2, you must complete the works this schedule to determine the DSE.)	sheet on page 1	4 of	
1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. SIGN BASIS SIGN	. PERMITTED BASIS	3. DSE	
		0.00	
BLOCK C: COMPUTATION OF 3.75 FEE			
Line 1: Enter the total number of DSEs from part 5 of this schedule			
Line 2: Enter the sum of permitted DSEs from block B above		-	
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.  (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)		0.00	
Line 4: Enter gross receipts from space K (page 7)	x 0.03		Do any of the DSEs represent
Line 5: Multiply line 4 by 0.0375 and enter sum here			partially permited/ partially nonpermitted
Line 6: Enter total number of DSEs from line 3	Х		carriage?
Line 6. Enter total number of DSES from line 3			If yes, see part 9 instructions.

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

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				SY	STEM ID# 006285	Name
E				TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU	Р			SUBSCRIBER GROUP	)	9
COMMUNITY/ AREA	Bartles	ville		COMMUNITY/ AREA	Vinita			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	\$ 1,068	,049.72	Gross Receipts Secon	d Group	\$ 11	7,199.40	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU			FOURTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
***************************************								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne <b>base rat</b>	<b>e fees</b> for each subscri	iber group a	as shown in the boxes ab	ove.			
Enter here and in block			-			\$	0.00	

			CLIDCODI					
	ID	SUBSCRIBER GROU		TETELS FOR LACIT		COMPUTATION OF SUBSCRIBER GROU		
9 Comput	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv								
Surchar for								
Partial			<u></u>					
Distar						-		
Station								
			<mark></mark>					
	0.00	_		Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroup	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
				Base Rate Fee Secon			•	
		SUBSCRIBER GROU				\$ SUBSCRIBER GROU	•	
	JP			Base Rate Fee Secon COMMUNITY/ AREA	JP		•	
	JP				JP		•	OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	
	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
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	JP <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	DSE	SUBSCRIBER GROU	EIGHTH	CALL SIGN	DSE	SUBSCRIBER GROU	SEVENTH	CALL SIGN
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	DSE  DSE	CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE  O.00	CALL SIGN	DSE	COMMUNITY/ AREA

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_	IP	BER GROUP SUBSCRIBER GROU		RATE FEES FOR EAC		SUBSCRIBER GRO		E
	0		LINITI	COMMUNITY/ ARE				COMMUNITY/ AREA
Computa	DSE	CALL SIGN	DSE	CALL SIGN	DSI	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv								
Surchar for								
Partial								
Distar								
Station								
)	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	d Group	Base Rate Fee Sec	0.00	\$	Group	<b>ase Rate Fee</b> First G
	JP	SUBSCRIBER GROU	TWELVTH	<del>-   </del>	OLID.	SUBSCRIBER GRO		
					JUP	SUBSCRIBER GRO	ELEVENTH	
0	0			COMMUNITY/ ARE.		SUBSCRIBER GRO		
	DSE	CALL SIGN	DSE			CALL SIGN		OMMUNITY/ AREA
		CALL SIGN					4	OMMUNITY/ AREA
		CALL SIGN					4	OMMUNITY/ AREA
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		CALL SIGN		CALL SIGN			4	OMMUNITY/ AREA  CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN  Total DSEs	DSI		DSE	CALL SIGN  CALL SIGN  otal DSEs
	DSE		DSE	CALL SIGN  Total DSEs	0.00	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs
	DSE		DSE	CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Fou	0.00	CALL SIGN	DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNER  CABLE ONE, INC.	R OF CABL	E SYSTEM:				S'	906285 006285	Name
В	LOCK A:	COMPUTATION O	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
THII	RTEENTH	SUBSCRIBER GROU	JP	FOL	JRTEENTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			<u> </u>					
			<u> </u>					
Tatal DOFa			0.00	Total DOF			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GROU	JP	s	SIXTEENTH	SUBSCRIBER GROU	P	
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	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	[\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
		· (i = 3 - 1 /				*		

				TE EEEO EOO E 4 OI				
						COMPUTATION OF		
9		SUBSCRIBER GROU	SHTEENTH			SUBSCRIBER GROU	NTEENTH	
Computati	0			COMMUNITY/ AREA	0		***************************************	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
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for								
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Stations								
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								NI
	JP			Т	JP			NI
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	JP <b>0</b>	SUBSCRIBER GROU	WENTIETH	T COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	NI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	WENTIETH	T COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	NI OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	WENTIETH	T COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	NI OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	WENTIETH	T COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	NI OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	WENTIETH	T COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	NI OMMUNITY/ AREA
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	JP <b>0</b>	SUBSCRIBER GROU	WENTIETH	T COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	NI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	WENTIETH	T COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	NI OMMUNITY/ AREA
	DSE	SUBSCRIBER GROU	WENTIETH	CALL SIGN	JP <b>0</b>	SUBSCRIBER GROU	NTEENTH	CALL SIGN
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ase Rate Fee First Git	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
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			criber group	as shown in the boxes	s above.			
Enter here and in blo	ock 3, line 1,	space L (page 7)				\$		

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sase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
T⊦	IIRTY-NINTH	I SUBSCRIBER GRO	)UP		FORTIETH	SUBSCRIBER GRO	UP	
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			criber group	as shown in the boxes	s above.			
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
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Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
	· · · · · · ·	I*	3.00		<b>2.34</b> P	[*	0.00	
Page Data Face Ada	l the <b>hase ra</b>	te fees for each subs	scriber group	as shown in the boxes	a abaya			
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	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
				TE FEES FOR EACH				
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CABLE ONE, IN	C.						006285	Name
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ase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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			scriber group	as shown in the boxes	s above.			
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								CABLE ONE, INC.
				TE FEES FOR EACH				
9	<b>0</b>	SUBSCRIBER GROU	7-SECOND	COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	Y-FIRST	SIX COMMUNITY/ AREA
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	Р	SUBSCRIBER GROU	Y-FOURTH	SIXT	IP	SUBSCRIBER GROU	Y-THIRD	SIXT
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	0.00			Tatal DOFa	0.00			atal DOF-
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr
	l					_		

CABLE ONE, INC		E SYSTEM:				S	006285	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		<del>                                      </del>		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	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	
		SUBSCRIBER GRO		<del>II</del>		SUBSCRIBER GROU		
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	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	above.	\$		

Name	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GRO	TY-NINTH		
Computati	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate I									
and									
Syndicate									
Exclusivit Surcharg									
for									
Partially									
Distant									
Stations									
		-							
_									
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr	
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	ross Receipts First Gr	
	0.00	\$	·	Gross Receipts Secon	0.00	\$ \$	·	Gross Receipts First Gr	
=	0.00		d Group	Base Rate Fee Secon	0.00	\$ \$ SUBSCRIBER GRO	oup	ase Rate Fee First Gr	
=	0.00	\$	d Group	Base Rate Fee Secon	0.00		oup	ase Rate Fee First Gr	
-	<b>0.00</b>	\$	d Group	Base Rate Fee Secon	<b>0.00</b>		oup	s <b>ase Rate Fee</b> First Gr SEVEN	
-	<b>0.00</b>	\$	d Group	Base Rate Fee Secon	<b>0.00</b>		oup	s <b>ase Rate Fee</b> First Gr SEVEN	
= = -	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN	
= - -	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN	
	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN	
	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN	
	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN	
	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN	
	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN	
	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN	
	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN	
	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN	
	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN	
	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN	
	0.00 P	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon  SEVENT  COMMUNITY/ AREA  CALL SIGN	0.00	SUBSCRIBER GRO	TY-FIRST	SEVEN SEVEN COMMUNITY/ AREA  CALL SIGN	
	0.00 P	\$  SUBSCRIBER GROU  CALL SIGN	DSE	Base Rate Fee Secon  SEVENT  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00	CALL SIGN	DSE	SEVEN COMMUNITY/ AREA  CALL SIGN  Total DSEs	
	0.00 P	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secon  SEVENT  COMMUNITY/ AREA  CALL SIGN	0.00	SUBSCRIBER GRO	DSE	SEVEN SEVEN COMMUNITY/ AREA  CALL SIGN	
	0.00 P	\$  SUBSCRIBER GROU  CALL SIGN	DSE Group	Base Rate Fee Secon  SEVENT  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00	CALL SIGN	DSE Incomp	SEVEN COMMUNITY/ AREA  CALL SIGN  Total DSEs	

'	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD		
Computati	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndicate									
Exclusivi Surcharg									
for									
 Partially									
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Stations									
"		-							
_									
	0.00			Total DSEs	0.00			otal DSEs	
	0.00					DSEs <b>0.00</b>			
	_	\$	nd Group		0.00	\$	roup	ross Receipts First G	
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	iross Receipts First G	
	_	\$ \$				\$		iross Receipts First Gi	
	0.00		nd Group	Gross Receipts Secon	0.00	\$ \$ SUBSCRIBER GRO	roup	a <b>se Rate Fee</b> First Gi	
= -	0.00	\$	nd Group	Gross Receipts Secon	0.00		roup	a <b>se Rate Fee</b> First Gi	
=	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
-	0.00 0.00	\$	nd Group	Gross Receipts Secondary  Base Rate Fee Secondary  SEVE	<b>0.00</b>		roup	ase Rate Fee First Gi	
=	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
= - - -	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
= - - - - -	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
======================================	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
======================================	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second SEVE	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN	
	0.00 P 0SE	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Second Base Rate Fee Second SEVE COMMUNITY/ AREA	DSE	SUBSCRIBER GRO	roup	SEVEN COMMUNITY/ AREA  CALL SIGN	
	0.00 P 0.00  DSE 0.00	\$  SUBSCRIBER GROU  CALL SIGN	DSE	Gross Receipts Second Seven Seven Seven Community/ Area Call Sign	0.00  DSE  0.00	CALL SIGN	DSE	SEVEN COMMUNITY/ AREA  CALL SIGN  otal DSEs	
	0.00 P 0SE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Second Base Rate Fee Second SEVE COMMUNITY/ AREA	DSE	SUBSCRIBER GRO	DSE	SEVEN COMMUNITY/ AREA  CALL SIGN	
	0.00 P 0.00  DSE 0.00	\$  SUBSCRIBER GROU  CALL SIGN	DSE	Gross Receipts Second Seven Seven Seven Community/ Area Call Sign	0.00  DSE  0.00	CALL SIGN	DSE	SEVEN COMMUNITY/ AREA  CALL SIGN  otal DSEs	

CABLE ONE, IN	C.						006285	Name
				TE FEES FOR EAC				
		I SUBSCRIBER GRO				1 SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
								and
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								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
SEV	ENTY-NINTH	I SUBSCRIBER GRO	)UP		EIGHTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Thir	d Group	¢	0.00	Base Rate Fee Fou	irth Group	¢	0.00	
Just Nate Fee IIII	α Οισαμ	<b>I</b> ⊅	0.00	Dase Nate Fee Fol	nai Gioup	\$	0.00	
			criber group	as shown in the boxe	s above.			
Enter here and in blo	ock 3, line 1,	space L (page 7)				\$		

Name				TE FEES FOR EACH					
						COMPUTATION O			
9		SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GRO	ITY-FIRST		
Computati	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndicate									
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for									
Partially									
Distant									
Stations									
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	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	ross Receipts First G	
		\$	nd Group		0.00	\$	roup	ross Receipts First G	
		\$	·			\$	·	·	
=	0.00	\$	nd Group	Gross Receipts Secondary Base Rate Fee Secondary	0.00		roup	ase Rate Fee First G	
=	0.00		nd Group	Gross Receipts Secondary Base Rate Fee Secondary	0.00	\$ \$ SUBSCRIBER GRO	roup	ase Rate Fee First G	
	0.00 0.00	\$	nd Group	Gross Receipts Secondary  Base Rate Fee Secondary	<b>0.00</b>		roup	ase Rate Fee First G	
=	0.00 0.00	\$	nd Group	Gross Receipts Secondary  Base Rate Fee Secondary	<b>0.00</b>		roup	ase Rate Fee First G  EIGH  OMMUNITY/ AREA	
-	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Base Rate Fee Secon EIGHT	0.00	SUBSCRIBER GRO	TY-THIRD	ase Rate Fee First G  EIGH  OMMUNITY/ AREA	
- -	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Base Rate Fee Secon EIGHT	0.00	SUBSCRIBER GRO	TY-THIRD	ase Rate Fee First G EIGH OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Base Rate Fee Secon EIGHT	0.00	SUBSCRIBER GRO	TY-THIRD	ase Rate Fee First G EIGH OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Base Rate Fee Secon EIGHT	0.00	SUBSCRIBER GRO	TY-THIRD	ase Rate Fee First G EIGH OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Base Rate Fee Secon EIGHT	0.00	SUBSCRIBER GRO	TY-THIRD	ase Rate Fee First G EIGH OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Base Rate Fee Secon EIGHT	0.00	SUBSCRIBER GRO	TY-THIRD	ase Rate Fee First G  EIGH  OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Base Rate Fee Secon EIGHT	0.00	SUBSCRIBER GRO	TY-THIRD	ase Rate Fee First G  EIGH  OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Base Rate Fee Secon EIGHT	0.00	SUBSCRIBER GRO	TY-THIRD	ase Rate Fee First G  EIGH  OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Base Rate Fee Secon EIGHT	0.00	SUBSCRIBER GRO	TY-THIRD	ase Rate Fee First G  EIGH  OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Base Rate Fee Secon EIGHT	0.00	SUBSCRIBER GRO	TY-THIRD	ase Rate Fee First G  EIGH  OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Base Rate Fee Secon EIGHT	0.00	SUBSCRIBER GRO	TY-THIRD	ase Rate Fee First G  EIGH  OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	Y-FOURTH	Base Rate Fee Secon EIGHT	0.00	SUBSCRIBER GRO	TY-THIRD	ase Rate Fee First G EIGH OMMUNITY/ AREA	
	0.00 P 0 DSE	\$ SUBSCRIBER GROU	Y-FOURTH	Gross Receipts Second Base Rate Fee Second EIGHT COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GRO	TY-THIRD	EIGH OMMUNITY/ AREA  CALL SIGN	
	0.00 P	\$  SUBSCRIBER GROU  CALL SIGN	DSE	Gross Receipts Second Base Rate Fee Second EIGHT COMMUNITY/ AREA CALL SIGN	0.00  DSE  0.00	CALL SIGN	TY-THIRD  DSE	EIGH OMMUNITY/ AREA  CALL SIGN  Dital DSEs	
	0.00 P 0 DSE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Second Base Rate Fee Second EIGHT COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GRO	TY-THIRD  DSE	EIGH OMMUNITY/ AREA  CALL SIGN  otal DSEs	
	0.00 P	\$  SUBSCRIBER GROU  CALL SIGN	DSE	Gross Receipts Second Base Rate Fee Second EIGHT COMMUNITY/ AREA CALL SIGN	0.00  DSE  0.00	CALL SIGN	TY-THIRD  DSE	CALL SIGN  CALL SIGN  Otal DSEs  Gross Receipts Third Gross Receipts Thi	

CABLE ONE, INC.							006285	Name
				TE FEES FOR EAC				
	TY-FIFTH	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
						.		Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
		•				•		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHTY-	SEVENTH	SUBSCRIBER GROU	JP	EIG	HTY-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	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	
				11				
				Ш				
Base Rate Fee: Add th	ne hase rat	e fees for each subsc	riber aroup	as shown in the boxes	above			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP						Name		
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
EIC	GHTY-NINTH	SUBSCRIBER GRO	)UP		NINTIETH	I SUBSCRIBER GROU	JP	0
OMMUNITY/ ARE	4		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NI	NETY-FIRST	SUBSCRIBER GRO	)UP	NINE	TY-SECOND	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	<b></b>		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 Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	- <del></del> -F				<del></del>	·		
ase Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u> </u>				
			criber group	as shown in the boxes	s above.			
	ock 3 line 1 d	space L (page 7)				\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S`	906285	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINE	TY-THIRD	SUBSCRIBER GROU	JP	NINET	Y-FOURTH	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
					<u></u>			for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GROU	JP	NIN	ETY-SIXTH	SUBSCRIBER GROU	Р	
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	1		0.00	
	· · · · · · · · · · · · · · · · · · ·				0	•		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Broup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
		. (i = 3 = - /						

CABLE ONE, IN	C.						006285	Name
				ATE FEES FOR EAC				
		I SUBSCRIBER GRO		1		SUBSCRIBER GRO		9
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal 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	
NII	NETY-NINTH	SUBSCRIBER GRO	DUP	ONE	HUNDREDTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		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 Thire	d Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	· 	L·			. 1	į.		
			scriber group	as shown in the boxes	s above.			
Enter here and in blo	ж з, iine 1,	space L (page /)				\$		

and Syndicate Exclusive Surcharg for Partially	GROUP SCRIBER GROUP  ALL SIGN		TE FEES FOR EACH ONE HUNDRE COMMUNITY/ AREA  CALL SIGN		COMPUTATION OF SUBSCRIBER GROU		
Computate  Of Base Rate  and  Syndicate  Exclusive  Surcharg  for  Partially  Distant  Stations			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computate  Of Base Rate  and  Syndicate  Exclusive  Surcharg  for  Partially  Distant  Stations	ALL SIGN	DSE			CALL SIGN	DSE	
DSE of Base Rate and Syndicate Exclusive Surcharg for Partially Distant Stations	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicate Exclusive Surcharg for Partially Distant Stations							
Syndicate Exclusive Surcharg for Partially Distant Stations							
Exclusive Surcharge for Partially Distant Stations  0.00  0.00							
Surcharg for Partially Distant Stations							
for Partially Distant Stations  0.00  0.00							
Partially Distant Stations  0.00 0.00							
Distant Stations  0.00  0.00							
0.00 0.00							
0.00					-		
0.00						_	
0.00							
0.00							
0.00							
0.00							
0.00							
<u> </u>			Total DSEs	0.00			otal DSEs
0.00		l Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
		l Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	SCRIBER GROUP	FOURTH S	ONE HUNDRE	IP	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
<u> </u>			COMMUNITY/ AREA	0			OMMUNITY/ AREA
DSE	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-	
						_	
0.00	•		Total DSEs	0.00			otal DSEs
0.00		Group	Gross Receipts Fourth	0.00	\$	roup	ross Receipts Third G
$\neg$							
0.00		Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

				TE FEES FOR EACH				
9	<b>0</b>	SUBSCRIBER GROU	RED SIXTH	ONE HUNDI COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GROU	D FIFTH	ONE HUNDRE COMMUNITY/ AREA
Computat				COMMONT I/ AREA				COMMONTI I/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			-					
Syndicat								
Exclusiv Surchar			-					
for			-					
Partiall								
Distan								
Station			-					
			-					
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	auc	ross Receipts First Gro
			a <b>0</b> .0ap			<u>*</u>	- up	, 1000 , 1000 , 100
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	IP	SUBSCRIBER GROL	EVENTH	ONE HUNDRED S
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-			-		
			-					
			-					
			-					
		_						
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
		<del></del>						
	——————————————————————————————————————				ļ			

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:					STEM ID# 006285	Name
BI	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GROU	P	ONE HUNDR	ED TENTH	SUBSCRIBER GROUP	)	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			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 Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	ΙP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
					_		_	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes al	oove.	\$		

								CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	IRTEENTH :			SUBSCRIBER GROU	TEENTH	ONE HUNDRED THIR
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and							_	
Syndicat								
Exclusiv								
Surchar								
for						-		
Partially Distant								
Station								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	auc	ross Receipts First Gro
			. С.С.Бр			<u> </u>		, , , , , , , , , , , , , , , , , , ,
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED S	ΙP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
							_	
		•	<u> </u>		0.00			
	0.00			Total DSEs	() ()()			otal DSEs
	0.00		_	Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	otal DSEs ross Receipts Third Gr

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				•	3YSTEM ID# 006285	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED SE	VENTEENTH	I SUBSCRIBER GRO	)UP	ONE HUNDRED E	EIGHTEENTH	I SUBSCRIBER GRO	UP	0
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate F
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	NINTEENTH	SUBSCRIBER GRO	)UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
-	-				-			
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				Ш				
			criber group	as shown in the boxes	above.			
nter here and in blo	ock 3, line 1,	space L (page 7)				\$		

								·
				TE FEES FOR EACH				ONE HUNDRED TWEN
9	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED TWEN	0	SUBSCRIBER GROU	II Y-FIKSI	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL GIGIT	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	OALL GIGIN
and							_	
Syndica								
Exclusiv								
Surchar								
for Partial								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	_				-			
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	Pross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN		SUBSCRIBER GROUP	TY-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 0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	otal DSEs Gross Receipts Third Gr

		SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA			BI ONE HUNDRED TWEN
9 Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv Surchar								
for								
Partial							-	
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Pross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	ITY-EIGHTH			SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
	0.00			Total DSEs	0.00			otal DSEs
				Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr
	0.00	\$	Group	0.000				
	0.00	\$	Group					

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 006285	Name
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-SECOND	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 Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 006285	Name
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-FOURTH	SUBSCRIBER GROUP		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
T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED THIR	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	roup.		0.00	Base Rate Fee Fourth	Group	¢.	0.00	
Dasc Nate i de Tilliu Gi	σαρ	\$	0.00	Dase Nate i ee Poultil	υισαρ	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes ab	oove.	\$		

BLOCK A: ONE HUNDRED THIRTY-SEVENTH OMMUNITY/ AREA	COMPLITATION						
			ATE FEES FOR EAC				
OMMUNITY/ AREA	SUBSCRIBER GROUP		ii -		SUBSCRIBER GROUP		9
		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicate
							Exclusivit
							Surcharg for
	"						Partially
							Distant
							Stations
otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	¢	0.00	Gross Receipts Sec	and Group	¢	0.00	
iloss Receipts Filst Group	<del></del>	0.00	Gloss Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUI	<u> </u>	ONE HUNDRE		SUBSCRIBER GRO	IID	
OMMUNITY/ AREA	COBCONIBEN GROOT	0	COMMUNITY/ ARE		CODOCKIDEN CRO	0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
otal DSEs fross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	\$			rth Group	\$		
	\$			·	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006285	Name
ВІ	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FOR	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FORT	Y-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIT	202	O/ILL OIOIN		ONEE GIGIT	562	ONEE GIGIT	502	Base Rate Fee
								and
					•		0	Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FORT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<b></b>	0.00	Gross Receipts Fourth	Group	\$	0.00	
C.000 Novoipio Tiliu Ol	. <b>54</b> P			3.000 Recoupts Fourth	J.04p	· •		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER  CABLE ONE, INC.	R OF CABLI	E SYSTEM:					O06285	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-SIXTH	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
							<u></u>	Syndicated
							<u></u>	Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED 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	Group	\$	0.00	
3.5.4.5.	r							
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Poor Pote Fore Asta	o bee =	o food for some with	sibor see	on about in the house of	2015			
Enter here and in block			ibei group	as shown in the boxes al	ove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SYS	STEM ID# 006285	Name
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FIFTIETH	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
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	ΓY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED FIFTY	'-SECOND	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 Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	II as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:					'STEM ID# 006285	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GROU	IP	ONE HUNDRED FIFT	Y-FOURTH	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
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oun.	¢	0.00	Gross Receipts Second	d Group	\$	0.00	
Cross Receipts First Cr	оир	Ψ	0.00	Gross Receipts decon	a Group	Ψ	0.50	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							$\neg \neg  $	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		

				TE FEES FOR EAC				
ONE HUNDRED FIFTY	'-SEVENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rat
								and
								Syndica
								Exclusi Surcha
								for
								Partia
								Dista
								Statio
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
1033 Receipts First Of	ТООР	\$	0.00	Cross Receipts Seco	па Стоар	Ψ	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU				\$UBSCRIBER GROUP		
ONE HUNDRED FI					RED SIXTIETH			
ONE HUNDRED FI			P	ONE HUNDS	RED SIXTIETH		,	
ONE HUNDRED FI			P	ONE HUNDS	RED SIXTIETH		,	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP	0	
ONE HUNDRED FI	DSE	SUBSCRIBER GROU	DSE	ONE HUNDE COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	
ONE HUNDRED FI	DSE	SUBSCRIBER GROU	DSE 0	ONE HUNDE COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Third G	DSE	SUBSCRIBER GROU	DSE  0  0  0  0  0 0 0 0 0 0 0	CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Four	DSE  th Group	SUBSCRIBER GROUP  CALL SIGN  *  *  *  *  *  *  *  *  *  *  *  *  *	0 DSE	
ONE HUNDRED FI	DSE	SUBSCRIBER GROU	DSE  0  0  0  0  0 0 0 0 0 0 0 0	ONE HUNDE COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE  th Group	CALL SIGN	0 DSE	
ONE HUNDRED FI	DSE	SUBSCRIBER GROU	DSE  0  0  0  0  0 0 0 0 0 0 0	CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Four	DSE  th Group	SUBSCRIBER GROUP  CALL SIGN  *  *  *  *  *  *  *  *  *  *  *  *  *	0 DSE	
ONE HUNDRED FI	DSE Sroup	SUBSCRIBER GROU	DSE  O.00  O.00  O.00	CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Four	DSE  th Group	SUBSCRIBER GROUP  CALL SIGN  *  *  *  *  *  *  *  *  *  *  *  *  *	0 DSE	