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.

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

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Michigan Bell Telephone Company 6302420	Α	ACCOUNTING PERIOD COVERED BY	THIS STATEMENT:					
B Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporation, give the full corporation, give the full corporation is a single statement of accounting period accounting period should submit a single statement of account and royally fee payment covering the entire accounting period should submit a single statement of account and royally fee payment covering the entire accounting period of the accounting period should submit a single statement of account and royally fee payment covering the entire accounting period of the accounting period of	-	2019/2						
Michigan Bell Telephone Company 6302420 63024 201 63024 201 2260 E Imperial Hwy Room 839 El Segundo, CA 90245 Restructions: 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. 1 DENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or suite number) (City, town, state, zip code) Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities. Served CITY OR TOWN First Flint Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Sample Aida Aida MD Aida 1		Give the full legal name of the owner of the c rate title of the subsidiary, not that of the parent c List any other name or names under which th If there were different owners during the acc a single statement of account and royalty fee pay	corporation he owner conducts the business of the cable syste ounting period, only the owner on the last day of the outring period the entire accounting period	m he accounting period should		63024		
Area Served First City OR TOWN State State Mil Sample Aida Aida Mil Aida Aida Aida Aida Aliance Miliance State		LEGAL NAME OF OWNER/MAILING ADDRES	SS OF CABLE SYSTEM					
63024 201 2260 E Imperial Hwy Room 839 El Segundo, CA 90245 R Imperial Hwy Room 839 El Segundo, CA 90245 NSTRUCTIONS: 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. 1 Dentification of CABLE system: (city: town, state, zip code) 2 MAILING ADDRESS OF CABLE SYSTEM: (city: town, state, zip code) 3 Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities. Community First Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP Sample Alda Aliance MD A		Michigan Bell Telephone Comp	any					
2260 E Imperial Hwy Room 839 El Segundo, CA 90245 C System INSTRUCTIONS: 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. 1 IDENTIFICATION OF CABLE SYSTEM: 2 2 MAILING ADDRESS OF CABLE SYSTEM: 2 2 Nature apartment, or suite number) (City, town, state, zip code) D Area Served First Community Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities. 5 Flint Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Sample Alda MID Alda MID Aliance MID					6302	420192		
El Segundo, CA 90245 C INSTRUCTIONS: 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 Image: Dentification of CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: MAILING address of CABLE SYSTEM: 2 Image: Dentification of suite number) (City, town, state, zip code) Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities. Community State Flint MI Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP4 Sample Alda MD A 1					63024	2019/2		
V 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 DENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 MAILING address of cable system. 2 Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b Area Strate First Flint MI Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Sample Alda MD A 1		El Segundo, CA 90245						
1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, nural route, apartment, or suite number) (City, town, state, zip code) D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b Area Vith all communities. Served CITY OR TOWN First Flint Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Sample Alda Alliance MD	С							
2 Number, street, rural route, apartment, or suite number) (City, town, state, zip code) (City, town, state, zip code) Area Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b Area CITY OR TOWN First Flint Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Sample Alda Alda MD Alliance MD	System	1 IDENTIFICATION OF CABLE SYSTEM:						
Image: Description of the state sta		MAILING ADDRESS OF CABLE SYSTEM:						
D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b Area with all communities. Served CITY OR TOWN STATE First Flint MI Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Sample Alda MD A 1 Alliance MD B 2		2 (Number, street, rural route, apartment, or suite number)						
Area Served with all communities. First Community Flint STATE Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CH LINE UP SUB GRP# Alda MD A 1 Alda MD B 2		(City, town, state, zip code)						
Served CITY OR TOWN STATE First Flint MI Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) Sample Alda MD A Alliance MD B 2	D	Instructions: For complete space D instruct	ions, see page 1b. Identify only the frst comm	unity served below and re	elist on page	e 1b		
First Flint Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) Sample Alda Allance MD Below is a sample for reporting communities if you report multiple channel line-ups in Space G.		with all communities.						
Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Alda MD A 1 Alliance MD B 2	Served							
Sample City OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Alda MD A 1 Alliance MD B 2		Flint	МІ					
Sample Alda MD A 1 Alliance MD B 2	Community	Below is a sample for reporting communitie	es if you report multiple channel line-ups in Sp					
Sample Alliance MD B 2		· · · · · ·			SUB			
	Sample				_	-		
Gening No B 5								
		Gernig	MD	В		3		

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.

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/27/20

LEGAL NAME OF OWNER OF CABLE SYSTEM: Michigan Bell Telephone Company			8YSTEM ID# 63024	
Instructions: List each separate community served by the cable system. A "community FCC rules: "a separate and distinct community or municipal entity (including unity areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The of system identification hereafter known as the "first community." Please use it as the	corporated communit e frst community that	ties within unincorp t you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile below the identified city or town.	home parks should b	pe reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e all communities with the channel line-up "A" in the appropriate column below or leav on a partially distant or partially permitted basis in the DSE Schedule, associate eac designated by a number (based on your reporting from Part 9).	e the column blank.	If you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-com channel line-up designated by an alpha-letter(s) (based on your Space G reporting) (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	and a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Flint	MI	AA	1	First
Atlas Township	MI	AA	1	Community
Bangor Township (Bay County)	MI	AA	1	
Bay City	MI	AA	1	
Bay Unincorporated County	MI	AA	1	
Birch Run Township	MI	AA	1	
Bridgeport Township	MI	AA	1	See instructions for
Buena Vista Township	MI	AA	1	additional information
Burton	MI	AA	1	on alphabetization.
Clayton Township	MI	AA	1	
Clio	MI	AA	1	
Davison Township	MI	AA	1	
Essexville	MI	AA	1	
Fenton	MI	AA	1	
Fenton Township	MI	AA	1	
Flint Township	MI	AA	1	
Flushing	MI	AA	1	
Flushing Township	MI	AA	1	
Frankenlust Township	MI	AA	1	
Genesee Township	MI	AA	1	
Grand Blanc	MI	AA	1	
Grand Blanc Township	MI	AA	1	
Hampton Township	MI	AA	1	
Homer Township (Midland County)	MI	AA	2	
INGERSOLL TOWNSHIP	MI	AA	2	
James Township	MI	AA	1	
Kawkawlin Township	MI	AA	1	
Kochville Township	MI	AA	1	
Larkin Township	MI	AA	2	
Lee Township	MI	AA	2	
Midland	MI	AA	2	
Midland Township	MI	AA	2	
Monitor Township	MI	AA	1	
Mount Morris	MI	AA	1	
Mount Morris Township	MI	AA	1	
Mundy Township	MI	AA	1	
Porter Township	MI	AA	2	
Portsmouth Township	MI	AA	1	
Richfield Township	MI	AA	1	
Saginaw	MI	AA	1	
Saginaw Township	MI	AA	1	
Spaulding Township		AA	1	

Taumauth Taumahin	MI	AA	4	I
Tayinouui Township	MI		1	
Inettora Iownsnip	MI	AA	1	
	MI	AA	1	
Taymouth Township Thetford Township Vienna Township Zilwaukee	MI	AA	1	
				Add rows as necessary
				1

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Name	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:						S	YSTEM ID 6302	
Name	Michigan Bell Telephone Company									
Е	SECONDARY TRANSMISSION									
	In General: The information in s									
Secondary		retransmission of television and radio broadcasts by your system to subscribers. Give info es (including pay cable) in space F, not here. All the facts you state must be those existing of								
Transmission last day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken		
scribers and	down by categories of secondary									
Rates	each category by counting the n							charged		
	separately for the particular serv Rate: Give the standard rate c							ne and the		
	unit in which it is generally billed	-	-	-				-		
	category, but do not include disc	ounts allowed	for adv	, ance payment.						
	Block 1: In the left-hand block									
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca									
	first set" and would be counted o									
	Block 2: If your cable system									
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.		s ngnt-i							
	BLO	DCK 1					BLOC	K 2		
	CATEGORY OF SERVICE	NO. OF		RATE	CAT	EGORY OF SE		NO. OF	RATE	
	Residential:	SUBSCRIB	ЕКО	NATE	CAI	EGORT OF SE	RVICE	SUBSCRIBERS	NATE	
	Service to first set	1	0,891	\$ 19.00	HD Tech Fee6,5Set-Top Box10,9Broadcast TV Surcharge10,8				\$ 10.0	
	Service to additional set(s)		•,••	Ŷ					\$0-\$1	
	• FM radio (if separate rate)								\$6.99-\$9.9	
	Motel, hotel									
	Commercial		58	\$ 20.00						
	Converter									
	Residential									
	 Non-residential 									
	SERVICES OTHER THAN SEC	-			-		- t			
F	In General: Space F calls for rat not covered in space E, that is, t	`	'		•	, ,				
-	service for a single fee. There ar					•	•			
Services	furnished at cost or (2) services	or facilities furr	nished t	o nonsubscribe	ers. Rate i	nformation shou	ld include l	both the		
Other Than	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,									
Secondary Transmissions:	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.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
		BLOCK 1								
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SEF	RVICE	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:		Install	ation: Non-res	sidential					
	• Pay cable			tel, hotel				ו Demand	\$0-\$10	
	Pay cable—add'l channel	\$5-\$199		mmercial				Activation Fee	\$0-\$3	
	Fire protection			y cable				anagement Fee	\$0-\$44	
	•Burglar protection			y cable-add'l c	nannel			n on Demand	\$9	
	Installation: Residential	AA A400		e protection					\$0-\$4	
	• First set	\$0-\$199		rglar protectior	1			nium Tier	\$1 ¢4	
	Additional set(s) EM radio (if sonarato rato)			services:		¢0 ¢25	Vacation	grade Fee	\$1	
	 FM radio (if separate rate) Converter 			connect connect		\$0-\$35	vacation	Ποια	\$	
	- Converter			tlet relocation		\$0-\$55				
	1	1	Ou	usuisioudliui		φυ-φοο				
			• 14-	ve to new add	ress					

Name

G

Primary

Transmitters:

Television

SYSTEM ID#

63024

Michigan Bell Telephone Company
LEGAL NAME OF OWNER OF CABLE SYSTEM:

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 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 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.

		CHANN	EL LINE-UP	AA		
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	
WAQP	49	I	No		Saginaw, MI	
WBSF/WBSFHD	30/1030	I	No		Bay City, MI	See instructions for
WCMU/WCMUHD	14/1014	Е	Yes	0	Mount Pleasant, MI	additional information
WDCQ/WDCQHD	35/1035	Е	No		Bad Axe, MI	on alphabetization.
WEYI/WEYIHD	25/1025	N	No		Saginaw, MI	
WJRT/WJRTHD	12/1012	N	No		Flint, MI	
WNEM/WNEMHD	5/1005	N	No		Bay City, MI	
WSMH/WSMHHD	66/1066	I	No		Flint, MI	

Name

G

Primary

Transmitters:

Television

SYSTEM ID#

63024

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Michigan Bell Telephone Company

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 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 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.

1. CALL SIGN					6. LOCATION OF STATION
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	
	NUMBER	STATION		(II Distant)	

FORM	SA3E. PAGE 7.			
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
Mic	higan Bell Telephone Company		63024	Naille
Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amour mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentifed in space E) during the accounting period. For a further explanation of how to be e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transr compute this \$	nission service	K Gross Receipts
 Instru Con Con If you fee If you account 	/RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable p ompanying this form and attach the schedule to your statement of account. rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should the schedule to your statement of account.	oarts of the D	SE Schedule	L Copyright Royalty Fee
bloc	k 3 below. Int 6 of the DSE schedule was completed, the amount from line 7 of block C should be			
3 be	low. In 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho			
	block 4 below.			
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	e is 1.064 pe	rcent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	4,308,037.64	
	This is your minimum fee.	\$	45,837.52	
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule. No—Leave block 3 below blank and c	mn 4, you mu iod?	st check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	10,167.38	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	10,167.38	
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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 	\$	45,837.52	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r	0.00	additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	46,562.52	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i)	of the	

ACCOUNTING PERI	00: 2019/2	FORM SA3E. PAGE 8.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 63024								
	Michigan Bell Telephone Company	03024								
	CHANNELS									
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st	ations								
0.	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels	1. Enter the total number of channels on which the cable									
	system carried television broadcast stations	15								
	2. Enter the total number of activated channels									
	on which the cable system carried television broadcast stations	600								
	and nonbroadcast services									
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
for Further Name Myriam Nassif Telephone 310-964-1										
Information Address 2260 E Imperial Hwy Room 839 (Number, street, rural route, apartment, or suite number)										
	El Segundo, CA 90245									
	(City, town, state, zip)									
	Email mn112s@att.com Fax (optional)									
	Email mn112s@att.com Fax (optional)									
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regul	ations.								
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B	; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	er of the cable system								
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	herein								
	X /s/ Michael Santogrossi									
	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 "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus c									
	Typed or printed name: Michael Santogrossi									
	Title: Vice President – Finance (Title of official position held in corporation or partnership)									
	Date: February 26, 2020									
Privacy Act Notice	: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informatio	n (PII) requested on th								

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in th 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

FORM SA3E. PAGES	FORM	SA3E.	PAGE9
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Michigan Bell Telephone Company	SYSTEM ID# 63024 Name
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to service of providing period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? 	or the basic not include sub- ection 119." Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interval as the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further as contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	rest charge) sistance please
** 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 Copyrigl please list below the owner, address, first community served, accounting period, and ID number as give filing.	
Owner	
Address	
First community served	
Accounting period	
Accounting period ID number	

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

U.S. Copyright Office

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

DSE SCHEDULE. PAGE 11.

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

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

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE 1.064% of gross receipts
 Each of the second, third, and fourth DSEs 0.701% of gross receipts

The fifth and each additional DSE 0.300% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE
If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

 Identify the communities/areas represented by each subscriber group.
 For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

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

Santa Rosa

Rapid City

CITY

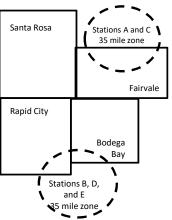
DSE

1.0

10

0.083

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E. Distant Stations Carried STATION A (independent) B (independent) C (part-time) D (part-time) E (network)



	0.000					
D (part-time)	0.139	Bodega Bay	Stations A an	d C		70,000.00
E (network)	0.25	Fairvale	Stations B, D,	, and E		120,000.00
TOTAL DSEs	2.472		TOTAL GRO	SS RECEIPTS		\$600,000.00
Minimum Fee Total Gross I	Receipts		\$600,000.00			
			x .01064			
			\$6,384.00			
First Subscriber Group		Second Subsc	riber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and	l Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts		\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs		1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee		\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .010	64 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .007	01 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6.497.20	Base rate fee	-	\$1.907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

SERVICE AREA OF

Stations A, B, C, D ,E

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

GROSS RECEIPTS

\$310,000.00

100,000.00

FROM SUBSCRIBERS

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:											
1	Michigan Bell Telephone Company 63024											
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 0.25											
	Instructions:											
Computation of DSEs for	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."											
Category "O"		505	CATEGORY "O" STATION	I I I		505						
Stations		DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WCMU/WCMUHD	0.250										
Add rows as												
necessary.												
Remember to copy all												
formula into new												
rows.												
				I								

	1											JLE. PAGE 12.
Name	LEGAL NAME OF			any							S	63024
3 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Computation of DSEs for Stations Column 3: For each station, give the number of hours your cable system carried the station during the accounting period. Computation of DSEs for Stations 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 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 sigive 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 thar third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the SA3 form. CATEGORY LAC STATIONS: COMPUTATION OF DSEs								unting period. is figure must cational station, ess than the				
Capacity			C	ATEGOR	Y LAC S	STATIONS:	COMPL	JTATI	ON OF D	SEs		
	1. CALL SIGN		2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY	OF ST/	MBER HOURS ATION AIR		SIS OF RRIAG _UE		5. TYPE VALUE	6. D	SE
				=	••••••		=		x		=	
				÷			=		x x			
				-			-		×		=	
				=			=		x		=	
				-			=		x		=	
					••••••		=		x x		=	
	SUM OF DSEs Add the DSEs Enter the su	of each sta	ition.		chedule,					0.00		
4 Computation of DSEs for Substitute- Basis Stations	tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your sy ect on Octo one or more For each si This figure Enter the n Divide the f	ystem in subst ber 19, 1976 (e live, nonnetw tation give the should corre umber of days figure in colun station's DSE	titution for a p (as shown by ork programs a number of li spond with th s in the calen nn 2 by the fig (For more in	ve, nonne during th ve, nonne ie informa dar year: gure in co formation	at your syster "P" in column at optional carr twork program tion in space I 365, except in lumn 3, and gi on rounding, s	n was perr 7 of space iage (as sh ns carried i a leap yea ve the resi see page (mitted t e I); and nown by in subs ar. ult in co viii) of t	to delete und d the word "Ye titution for pr olumn 4. Rou the general in	er FCC rules s″ in column 2 ograms that v ind to no less instructions in	of	prm).
			SU	BSTITUTE	E-BASIS	STATION	S: COM	PUTA	TION OF	DSEs		
	1. CALL SIGN	2. NUM OF PROG	BER BRAMS	3. NUME OF DA IN YEA	YS	4. DSE	1. CA SIC		2. NUN OF PRC	IBER OGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			•••••••••••••••••••••••••••••••••••••••	•	=					÷		
			*		=					÷		=
												-
			÷	•	=					÷		=
	SUM OF DSEs Add the DSEs Enter the su	of each sta	ition.	IS STATION				. ►		÷ 0.00		=
5	TOTAL NUMBI				e boxes ir	n parts 2, 3, and	d 4 of this s	schedul	e and add the	m to provide	the tota	
Total Number	1. Number o	f DSEs fron	n part 2●						►		0.25	
of DSEs	2. Number o		•						▶		0.00	
	3. Number o								·		0.00	
										r	· · · ·	
	TOTAL NUMBE	R OF DSE	S							▶		0.25

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								Name	
Michigan Bell	Michigan Bell Telephone Company 63024								
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below.									6
BLOCK A: TELEVISION MARKETS								Computation of	
	1981? plete part 8 of the olete blocks B and List the call signs under FCC rules instructions for th Satellite Televisio Enter the approp (Note the FCC ru A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursu. *F A station pre	schedule—[C below. BLOC s of distant st and regulation to DSE Schee on Extension riate letter in ules and regu ed pursuant on as define- al educations. d station (76. or DSE schee ant to individ viously carried JHF station w	CO NOT COM CK B: CARR ations listed in ons prior to Ju dule. (Note: T and Localism dicating the ba lations cited b to the FCC ma d in 76.5(kk) ((al station [76.5 65) (see parage lule). ual waiver of F ed on a part-tin <i>i</i> thin grade-B	PLETE THE REM IAGE OF PERI a part 2, 3, and 4 o ne 25, 1981. For f he letter M below Act of 2010.) asis on which you eelow pertain to the arket quota rules [7 76.59(d)(1), 76.61(d), 76 graph regarding su FCC rules (76.7) me or substitute ba contour, [76.59(d)	AINDER OF F MITTED DS of this schedul- urther explana refers to an explana refers to an explana carried a perm ose in effect o 76.57, 76.59(b (e)(1), 76.63(a (e)(1), 76.63(a)(a (e)(1), 76.63(a)(a (e)(1), 76.63(a)(a (e)(1), 76.63(a)(a (e)(1), 76.63(a)(a (e)(1), 76.63(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(PART 6 AND Es e that your sy ation of permit kempt multica nitted station n June 24, 19 b), 76.61(b)(c) a) referring to g to 76.61(d) grandfathered une 25, 1981	stem was permitte ted stations, see st stream as set fe 76.63(a) referrin 76.61(e)(1 stations in the	ed to carry the orth in the g t	3.75 Fee
Column 3:	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 worksheet on page 14 of this schedule to determine the DSE.)								
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WCMU/WC	С	0.25							
								0.25	
		BI	LOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	d DSEs fror	n block B ab	ove					
				r of DSEs subjec 7 of this schedu		rate.			
₋ine 4: Enter gro	ss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represer partially
_ine 5: Multiply li	ne 4 by 0.0375 a	and enter su	ım here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DSI	Es from line	3]	If yes, see par 9 instructions
Line 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

	OF OWNER OF CABLE Bell Telephone Co						Name		
		BLOCK	A: TELEVIS	SION MARKET	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTEE BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation 3.75 Fee
••••									
						·			
									4

	LEGAL NAME OF OWNER OF CABLE SYSTEM:									YSTEM ID#
Name	Michigan Bell	Felephone	Company							63024
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on file in the Licensing Division.<th>981. e entered</th>									981. e entered
	4.0411				ЕD	ON A PART-TIME A			0 5	
	1. CALL	2. PRI		COUNTING		4. BASIS OF		RESENT	6. PI	ERMITTED
	SIGN	DSE	PE	ERIOD		CARRIAGE		DSE		DSE
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.									
Syndicated	BLOCK A: MAJOR TELEVISION MARKET									
Exclusivity										
Surcharge	• Is any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981?									
	X Yes—Complete	e blocks B and	IC.			No—Proceed t	o part 8			
		arriage of V/HI	F/Grade B Contour	Stations		BLOC		utation of Exem	nt DSEs	
					_					
	Is any station listed in					Was any station liste		•		
	commercial VHF stat or in part, over the ca		s a grade B contour	, in whole		nity served by the ca to former FCC rule 7		Shor to March 5	1, 1972	
			th its appropriate peri				,	with its appropria	to pormit	
				Initied DSE		X No—Enter zero			ne permit	
	X No—Enter zero a		μαιτο.				and proceed	io part o.		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE
	SHEE SIGH			202		C. LE DIGIT		C, LE CIO		
			TOTAL DSEs	0.00						
					TOTAL DS	Es	0.00			

DSE SCHEDULE. PAGE 14.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Michigan Bell Telephone Company	SYSTEM ID# 63024	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,308,037.64	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	_	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 2019/2

DSE	SCHED	DULE.	PAGE	16

Name			STEM ID# 63024							
		Michigan Bell Telephone Company	63024							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)								
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)	<u> </u>							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here ▶ \$	_							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge.	<u></u> .							
	Instru	ctions:								
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.								
	• In blo	ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation of	-	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	1							
Base Rate Fee		blank.								
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local								
	service	e area," see page (v) of the general instructions.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7)	_							
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)▶								
	Section									
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts								
		(the amount in section 1)	_							
		B. Enter 0.00701 of gross receipts								
		(the amount in section 1)								
		C. Subtract 1.000 from total DSEs								
		(the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here	-							
		E. Add lines A, and D. This is your base rate fee. Enter here								
		and in block 3, line 1, space L (page 7)	0.00							
		Base Rate Fee	<u> </u>							

DSE SCHEDULE. PAGE 17.

EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Michigan Bell Telephone Company	63024	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
A A. Enter 0.01064 of gross receipts		8
(the amount in section 1)		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1)		of
		Base Rate Fee
D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
F. Multiply line D by line E and enter here		
G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)		
Base Rate Fee	0.00	
MPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broanstead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple cha	U U	0
Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate receipts from subscribers located within the station's local service area, from your system's total gross receipts. To tai		Computation of
his exclusion, you must:	Ŭ	Base Rate Fe
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista		and Syndicated
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Detern DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exemp must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A		Partially Distant
However, if your cable system is wholly located outside all major television markets, complete block A only.	and b below.	Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant carried to that community.	t station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers we	re located	
putside the station's local service area. A subscriber located outside the local service area of a station is distant to the the same token, the station is distant to the subscriber.)	at station (and, by	
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are dist	ant. Each	
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No system will have only one subscriber group when the distant stations it carried have local service areas that coincide.	te that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your		
subscriber groups.	systems	
In each section:		
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant is 	to all of the	
subscribers in the group.		
• If: 1) your system is leasted whelly system all major and smaller television markets, give each station's DSE on you gav	o it in porto 2, 2	
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gav and 4 of this schedule; or,	e ແ iii parts ∠, 3,	
any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it part 6 of this schedule.	t in block B,	
• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
 Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene 	eral instructions	
in the paper SA3 form.		
 Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group 		
DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not actual calculations on the form.	t need to show your	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	
	Michigan Bell Telephone Company	6302
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNE Michigan Bell Tele						S	YSTEM ID# 63024	Name
BL		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	Y/ AREA O COMMUNITY/ AREA O			COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
WCMU/WCMUHD	0.25							Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs	L I	<u> </u>	0.25	Total DSEs		μ	0.00	
Gross Receipts First Gr	oup	\$ 3,822,	324.09	Gross Receipts Sec	ond Group	\$ 4	85,713.55	
Base Rate Fee First Gr	oup	\$ 10,	167.38	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU				I SUBSCRIBER GRO		
COMMUNITY/ AREA	ITY/ AREA 0			COMMUNITY/ ARE	A		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 Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes	s above.	\$	10,167.38	

FORM SA3E. P	AGE 19.
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LEGAL NAME OF OWNE Michigan Bell Tele						S	YSTEM ID# 63024	Name
B				TE FEES FOR EAC				
	FIFTH	SUBSCRIBER GROU				I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0			0	Computation
CALL SIGN	ALL 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	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
:	SEVENTH	SUBSCRIBER GROU			EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	TY/ AREA 0			COMMUNITY/ ARE/	A		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 Four	rth Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$		
	, .							

Nonpermitted	3.75 Stations
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FORM SA3E. PAGE 19	FORM	SA3E.	PAGE	19.
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LEGAL NAME OF OWNE Michigan Bell Tele						SI	STEM ID# 63024	Name
BL				TE FEES FOR EAC				
COMMUNITY/ AREA	FIRST	SUBSCRIBER GROU	<u>лр</u> О	COMMUNITY/ AREA		SUBSCRIBER GROU	IP 0	9
COMMONIT IT AREA							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	oup	\$ 3,822	324.09	Gross Receipts Seco	nd Group	\$ 48	5,713.55	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	THIRD	SUBSCRIBER GROU				SUBSCRIBER GROU		
COMMUNITY/ AREA	MMUNITY/ AREA 0			COMMUNITY/ AREA 0			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	iroup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th			riber group	as shown in the boxes	above.	¢	0.00	
Enter here and in block	3, ine 1, 9	space L (page /)				φ	0.00	

LEGAL NAME OF OWN Michigan Bell Te						S	63024	Name
E				TE FEES FOR EACH SUBSCRIBER GROUP				
FIFTH SUBSCRIBER GROUP				SIXTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA 0			U	COMMUNITY/ AREA 0			U	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 Second Group \$		0.00		
Base Rate Fee First (\$	0.00	Base Rate Fee Sec		\$	0.00	
SEVENTH SUBSCRIBER GROUP						SUBSCRIBER GRC		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_						
		-						
		-						
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group \$ 0.00		0.00		
Base Rate Fee Third Group \$		\$	0.00	Base Rate Fee Fourth Group		\$	0.00	
Base Rate Fee: Add			criber group	as shown in the boxe	es above.			
Enter here and in bloo	space L (page 7)			\$				

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20. SYSTEM ID#						
Name	Michigan Bell Telephone Company	63024						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of	First 50 major television market	Second 50 major television market						
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial	al VHE Grade B contour stations listed in block A part 9 of						
Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 							
Stations	your actual calculations on this form.							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1						
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page /)							

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Michigan Bell Telephone Company	SYSTEM ID# 63024					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GRO						
9 Computation of	If your cable system is located within a top 100 television market and the stati Syndicated Exclusivity Surcharge. Indicate which major television market any by section 76.5 of FCC rules in effect on June 24, 1981:	on is not exempt in Part 7, you mustalso compute a					
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.						
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	ne 1: Enter the VHF DSEs					
		ne 2: Enter the Exempt DSEs					
		ne 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
		/NDICATED EXCLUSIVITY JRCHARGE Second Group					
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP					
	Line 2: Enter the Exempt DSEs	he 1: Enter the VHF DSEs					
		INDICATED EXCLUSIVITY JRCHARGE Fourth Group \$					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each sut in the boxes above. Enter here and in block 4, line 2 of space L (page 7)						