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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
02/27/20	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2019/2								
Period									
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submica single statement of account and royalty fee payment covering the entire accounting period Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 1063102 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Illinois Bell Telephone Company								
	Illinois Bell Telephone Company								
				06310220192					
				063102 2019/2					
				2010.2					
	2260 E Imperial Hwy Room 839								
	El Segundo, CA 90245								
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of								
System	IDENTIFICATION OF CABLE SYSTEM:	<u> </u>		<u> </u>					
Cystem	1								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst comr	nunity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	Champaign	IL							
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
	Alliance	MD	В	2					
	Gering	MD	В	3					

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

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2019/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Illinois Bell Telephone Company			063102	
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 frs of system identification hereafter known as the "first community." Please use it as the first Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	orated communiti t community that t community on a	es within unincorp you list will serve all future filings.	orated as a form	D Area Served
below the identified city or town.				
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 st / with a subscriber	ations group,	
When reporting the carriage of television broadcast stations on a community-by-communichannel 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#	
Champaign	IL			First
Champaign Unincorporated County Danville	IL IL			Community
Decatur Grandview	IL IL			
Harristown				
Jerome	IL			See instructions for
Leland Grove	IL			additional information
Macon Unincorporated County	IL			on alphabetization.
Mount Zion	IL 			
Sangamon Unincorporated County Savoy	IL IL			
Sherman	IL			Add rows as necessary.
Springfield	IL			
Tilton	IL			
Urbana	IL			
Vermilion Unincorporated County	IL			

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ı	
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1	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Illinois Bell Telephone Company

063102

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		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	5,376	\$ 19.00	HD Tech Fee	3,105	\$ 10.00	
 Service to additional set(s) 			Set-Top Box	5,403	\$0-\$15	
 FM radio (if separate rate) 			Broadcast TV Surcharge	5,376	\$6.99-\$9.99	
Motel, hotel						
Commercial	27	\$ 20.00				
Converter						
Residential						
Non-residential						
İ					†	

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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Video on Demand	\$0-\$100
 Pay cable—add'l channel 	\$5-\$199	Commercial		Service Activation Fee	\$0-\$3
 Fire protection 		• Pay cable		Credit Management Fee	\$0-\$449
 Burglar protection 		Pay cable-add'l channel		Dispatch on Demand	\$99
Installation: Residential		Fire protection		Wireless Receiver	\$0-\$49
First set	\$0-\$199	Burglar protection		HD Premium Tier	\$10
 Additional set(s) 		Other services:		DVR Upgrade Fee	\$1
 FM radio (if separate rate) 		Reconnect	\$0-\$35	Vacation Hold	\$
Converter		Disconnect			
		Outlet relocation	\$0-\$55		
		Move to new address			

Illinois Bell Tel	IED OF OADLE OV				4./4====	
1					SYSTEM ID	Nama
DDIMADY TO A VOLUME	ephone Cor	npany			06310	2
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA	system during to the control of the	he accounting I June 24, 19 4), or 76.63 (in the next prespect to any ations, or auth G—but do listitute basis. ace I, if the staterning substitutes is gn. Do not read a station ace	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried tute basis station report origination cording to its ov	(1) stations carried carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statem d both on a substitute, see page (v) on program service er-the-air designal	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- h stream separately; for example	Primary Transmitters: Television
WETA-simulcast). Column 2: Give the	e channel numl	per the FCC h	nas assigned to	the television stat	ion for broadcasting over-the-air in	
con which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the staplanation of local service Column 5: If you have cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	ystem carried the in each case we entering the lecast), "E" (for ness terms, see ation is outside ce area, see prave entered "Ye he distant staticion of a distant centered into of a primary transsimulcasts, also ree categories de location of each canadian static	whether the state "N" (for noncommercial page (v) of the the local servage (v) of the es" in column on during the embeds becar multicast street in the local servage (v) of the es" in column on during the embeds becar multicast street in the local servage (v) or station. For ins, if any, given el line-ups,	tation is a netwo etwork), "N-M" (I educational), of e general instruc- vice area, (i.e. "o general instruct 4, you must cor accounting perio ause of lack of a gam that is not so ine 30, 2009, be ssociation repre- you carried the of the general in or U.S. stations, e the name of the use a separate	ork station, an indefor network multion "E-M" (for noncetions located in the distant"), enter "Yions located in the mplete column 5, and Indicate by enterivated channel subject to a royalty stemen a cable sy esenting the prima channel on any of instructions located list the community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	_
SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)		· 	
SIGN	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	· 	
SIGN WAND/WANDHD	CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	See instructions for
SIGN WAND/WANDHD WBUI/WBUIHD	CHANNEL NUMBER 17/1017	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION Decatur, IL	
SIGN WAND/WANDHD WBUI/WBUIHD WCIA/WCIAHD	CHANNEL NUMBER 17/1017 23/0123	3. TYPE OF STATION N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION Decatur, IL Decatur, IL	
SIGN WAND/WANDHD WBUI/WBUIHD WCIA/WCIAHD WCIX	CHANNEL NUMBER 17/1017 23/0123 3/1003	3. TYPE OF STATION N I N	4. DISTANT? (Yes or No) No No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION Decatur, IL Decatur, IL Champaign, IL	additional information
SIGN WAND/WANDHD WBUI/WBUIHD WCIA/WCIAHD WCIX WICD/WICDHD	CHANNEL NUMBER 17/1017 23/0123 3/1003 49	3. TYPE OF STATION N I N	4. DISTANT? (Yes or No) No No No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION Decatur, IL Decatur, IL Champaign, IL Springfield, IL Champaign, IL	additional information
SIGN WAND/WANDHD WBUI/WBUIHD WCIA/WCIAHD WCIX WICD/WICDHD WICS/WICSHD	CHANNEL NUMBER 17/1017 23/0123 3/1003 49 41/1041	3. TYPE OF STATION N I N I N	4. DISTANT? (Yes or No) No No No No No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION Decatur, IL Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL	additional information
SIGN WAND/WANDHD WBUI/WBUIHD WCIA/WCIAHD WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD	CHANNEL NUMBER 17/1017 23/0123 3/1003 49 41/1041 20/1020	3. TYPE OF STATION N I N I N I	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION Decatur, IL Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL	additional information
SIGN WAND/WANDHD WBUI/WBUIHD WCIA/WCIAHD WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD	CHANNEL NUMBER 17/1017 23/0123 3/1003 49 41/1041 20/1020 12/1012 45	3. TYPE OF STATION N I N N I N E	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION Decatur, IL Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL Decatur, IL	additional information
	CHANNEL NUMBER 17/1017 23/0123 3/1003 49 41/1041 20/1020 12/1012	3. TYPE OF STATION N I N I N E	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION Decatur, IL Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL	additional information

LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			9191EM ID#	
Illinois Bell Tel	ephone Cor	mpany			063102	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in	system during to the consiners of the considerations of the considerations of the considerations of the considerations of the consideration of the considera	he accounting n June 24, 19 (4), or 76.63 (i d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations norizations: t it in space I (the ation was carried	(1) stations carried carriage of certariage of certariage of certariage (e)(2) and (4))]; as carried by your case Special Statement both on a substite	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located	G Primary Transmitters: Television
each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	ch station's call associated with associated with associated with a case of the case of th	h a station ac streams must ber the FCC h e, WRC is Ch- ne station. whether the si etter "N" (for n oncommercia page (v) of the age (v) of the es" in column on during the me basis beca multicast stream n or before Ju- mitter or an a o enter "E". If , see page (v) ich station. Fo	cording to its own to be reported in or an assigned to annel 4 in Wash tation is a network tation is a network, "N-M" (in educational), or egeneral instructive area, (i.e. "or general instructive area, instructive area of lack of a earn that is not some 30, 2009, be association repreyou carried the or U.S. stations, we the name of the	er-the-air designar column 1 (list each column 1 (list each the television stati ington, D.C. This erk station, an indefor network multic or "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entictivated channel or distance to a royalty etween a cable system in the primary channel on any of instructions locate list the community with	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. payment because it is the subject estem or an association representing the your sample. The payment because it is the subject estem or an association representing the passis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

	SAJE. PAGE 1.		SYSTEM ID#	
	L NAME OF OWNER OF CABLE SYSTEM: ois Bell Telephone Company		063102	Name
Inst all a (as pag	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amounts (gross receipts) paid to your cable system by subscribers for the system's secudentifed in space E) during the accounting period. For a further explanation of how to be (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 transmiss compute this amo	sion service	K Gross Receipts
InstruConConIf your feeIf you accord	(RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: hiplete block 1, showing your minimum fee. hiplete block 2, showing whether your system carried any distant television stations. For ur system did not carry any distant television stations, leave block 3 blank. Enter the air from block 1 on line 1 of block 4, and calculate the total royalty fee. For ur system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.	arts of the DSE \$	Schedule	Copyright Royalty Fee
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.			
3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.			
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered o	n line	
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or m least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		nt 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.		1,962,436.90	
	This is your minimum fee.	\$	20,880.33	
2 Block 3	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with th 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 peri Yes—Complete the DSE schedule. No—Leave block 3 below blank an 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 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero 	nn 4, you must c	heck	
	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 fer 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 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	\$	20,880.33	Cable systems submitting additional
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	21,605.33	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See general instructions located in the paper SA3 form for more information.)	e page (i) of the		additional 1663.

	. = 0		= 0.40==14				CVCTEM ID#	
Name	-	OF OWNER OF CABL					SYSTEM ID# 063102	
	Illinois B	Sell Telephone	Company				063102	
	CHANNE	LS						
М	Instruction	ns: You must give (1) the number of ch	annels on which the	cable system carried	television broadcast stations		
		cions: You must give (1) the number of channels on which the cable system carried television broadcast stations Lubscribers and (2) the cable system's total number of activated channels, during the accounting period.						
Channels	to its subs	scribers and (2) t	ne cable system s	total number of act	ivated chamileis, d	uning the accounting period.		
	1. Enter ti	he total number o	of channels on whi	ch the cable			10	
							18	
	,							
	2. Enter tl	he total number	of activated channe	els				
				n broadcast station	S		044	
	and non	ıbroadcast servic	es				614	
NI	INDIVIDIT	AL TO DE CONTAC	TED IE ELIDTHED INE	ODMATION IS NEED	ED: //dontify an indi	idual		
N			statement of accou	ORMATION IS NEED unt.)	ED: (Identily an indiv	riuuai		
Individual to		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,				
Be Contacted								
for Further	Name	Myriam Nas	ssif			Telephone	310-964-1930	
Information								
		0000 E I	D	000				
	Address	(Number street ru	erial Hwy Roo	suite number)				
				suite number)				
			, CA 90245					
		(City, town, state, zi	ip)					
	Emoil	mn ^r	112s@att.com			Fox (entional)		
	Email		1125@att.com			Fax (optional)		
	CERTIFICATI	ION (This statemer	nt of account must b	e certifed and signed	d in accordance with	Copyright Office regulations.)		
0		·		_				
Certifcation	• I the und	dersigned hereby	certify that (Check o	ne, <i>but only one</i> , of t	he hoves)			
Gertification	i, the uno	ici signica, nereby c	certify that (effect of	ne,but only one , or t	ne boxes.,			
	(Owner	other than corpo	ration or partnershi	i n) I am the owner of	the cable system as	identifed in line 1 of space B; of	or .	
	(Owner	other than corpo	ration or partitersin	p, rum the owner of	the cable system as	racinited in fine 1 of Space 5, c		
	l <u> </u>							
				ı or partnership)I a s not a corporation o		ed agent of the owner of the ca	able system as identified	
		ille i oi space b a	and that the owner is	s not a corporation t	i partifership, or			
	X (Office	er or partner) l a	am an officer (if a c	orporation) or a pa	rtner (if a partnersh	nip) of the legal entity identife	ed as owner of the cable systen	
	in l	ine 1 of space B.						
	I have ex	camined the state	ment of account and	d hereby declare und	der nenalty of law th	at all statements of fact conta	ined herein	
						nd are made in good faith.	ined herein	
		., Section 1001(19				·		
						₹		
		X	/s/ Michael	Santogrossi				
	_		767 Illionaur	ountogrooo!				
		Enter	r an electronic signat	ture on the line above	e using an "/s/" signa	sture to certify this statement.		
		(e.g.,	/s/ John Smith). Be	efore entering the firs	t forward slash of the	e /s/ signature, place your curso		
		"F2" I	button, then type /s/	and your name. Pre	essing the "F" button	will avoid enabling Excel's Lot	us compatibility settings.	
		Type	ed or printed name	: Michael Sar	itoarossi			
		туре	o printed ridine	. michael Jai	1.0910331			
		Title:	Vice Proci	dent – Finance	•			
		ritie.		osition held in corporation				
			, smout pe	30. por dite	,			
		_						
		Date	: February 26, 2	1020				

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 telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Illinois Bell Telephone Company	063102	
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 ad 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 no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se For more information on when to exclude these amounts, see the note on page (vii) of the general instruct paper SA3 form.	the basic of include sub- ction 119."	P Special Statement Concerning Gross Receipts
During the accounting period did the cable system exclude any amounts of gross receipts for secondary to made by satellite carriers to satellite dish owners?	ransmissions	Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u 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	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
× (0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assi contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance 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 Copyright please list below the owner, address, first community served, accounting period, and ID number as given filing.		
Owner Address		
First community served		
Accounting period		
ID number		

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE, PAGE 10.

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 LISTED IN SPACE G OF SA3E (LONG FORM)

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

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

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number 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 and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within 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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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 DSF 1.064% of gross receipts Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

service areas c	I Stations B, D, and E.	= (HetWOIK)
		TOTAL DSEs
Santa Rosa	Stations A and C	Minimum Fee
	35 mile zone Fairvale	First Subscrii (Santa Rosa)
Rapid City	Bodega Bay	Gross receipts DSEs Base rate fee \$310,000 x .01' \$310,000 x .00' Base rate fee
Station and 35 mil	· · •	Total Base R In this examp

Distant Stations Carrie	ed	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00
Minimum Fee Total Gro	oss Receipts		\$600,000.00	

x .01064

_			\$6,384.00			
	First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
	(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
J	Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
	DSEs	2.472	DSEs	1.083	DSEs	1.389
	Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
	Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

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

DSE SCHEDULE. PAGE	= 11. (CONTINUED)									
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#				
ı	Illinois Bell Telephone	Company				063102				
	SUM OF DSEs OF CATEGOR		NS:							
	 Add the DSEs of each station 									
	Enter the sum here and in line	1 of part 5 of th	is schedule.		0.00					
	Instructions:									
2	In the column headed "Call	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" mercial educational station, given			E as "1.0"; to	r each network or noncom-	•				
Category "O"	mercial educational station, gr	ve lile DSE as .	CATEGORY "O" STATION	IQ: DQEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Stations	GALL SIGN	DOL	OALL SIGN	DOL	CALL SIGIV	DOL				
Add rows as										
necessary.										
Remember to copy all										
formula into new										
rows.										

Name		OWNER OF CABLE SYSTEM: Telephone Company	,				SYSTEM ID# 063102
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	at the call sign of all distates: For each station, give to correspond with the information: For each station, give to Divide the figure in columnt least to the third decirate in calculation at least to the third decirate in each independent station as ".25." Multiply the figure in columnia.	he number of hours y mation given in space he total number of ho umn 2 by the figure in mal point. This is the station, give the "type dumn 4 by the figure in	our cable systen our cable systen of J. Calculate on urs that the staticolumn 3, and grass of carriage value" as "1.0."	n carried the state of the stat	tion during the accounting ach station. er the air during the acco decimals in column 4. Th	ounting period. It is figure must cational station, less than the
Capacity		C	ATEGORY LAC	STATIONS: (COMPUTATI	ON OF DSEs	
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R 3. NL JRS OF ED BY ST	IMBER HOURS ATION I AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DSE
			÷ ÷			x	_
			÷			x	=
			÷	=		x	=
			÷ ÷			x x	=
			÷	=			=
			÷	=		х	=
	Add the DSEs of	OF CATEGORY LAC Sof each station. m here and in line 2 of p			▶	0.00	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	ct on October 19, 1976 (ne or more live, nonnetw For each station give the This figure should corres Enter the number of days Divide the figure in colum	itution for a program as shown by the lette ork programs during the number of live, nonn spond with the inform in the calendar year in 2 by the figure in c	that your system r "P" in column 7 nat optional carrie etwork programs ation in space I. : 365, except in a olumn 3, and giv	was permitted to of space I); and age (as shown by a carried in substance I); and the carried in substance the result in co	o delete under FCC rules	of were deleted s than the third
		SUI	BSTITUTE-BASI	S STATIONS	: COMPUTA	TION OF DSEs	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER 4. DSE OF DAYS IN YEAR
		-				÷	=
						÷	=
			=			÷	=
							=
	Add the DSEs of	OF SUBSTITUTE-BAS of each station. m here and in line 3 of p			▶	0.00	
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the ams applicable to your system DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		in parts 2, 3, and	4 of this schedule	e and add them to provide	0.00 0.00 0.00
	TOTAL NUMBE	R OF DSEs					0.00

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

LEGAL NAME OF C							S	YSTEM ID# 063102	Name
Instructions: Bloc In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of p	below.			nd complete pa	art 8, (page 16) o	f the	6
				ELEVISION MA					Computation of 3.75 Fee
	1981?	schedule—	•	aller markets as de				gulations in	
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulatine DSE Sch	ons prior to Ju edule. (Note: T	n part 2, 3, and 4 on ne 25, 1981. For f he letter M below Act of 2010.)	further explan	ation of permit	ted stations, see	the	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfathered instructions fc E Carried pursu *F A station pre	ules and reguled pursuant ion as define cal education (76 or DSE schedant to individually carrius).	ulations cited b to the FCC ma d in 76.5(kk) (' al station [76.5 .65) (see parad dule). lual waiver of F ed on a part-tii vithin grade-B	ne or substitute ba contour, [76.59(d)	ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a).63(a) referring abstitution of goals is prior to June 20.55 asis prior	n June 24, 19, 76.61(b)(c), 76.61(b)(c), a) referring to g to 76.61(d) grandfathered une 25, 1981	, 76.63(a) referring 76.61(e)(1 stations in the		
Column 3:		e stations ide	entified by the	n parts 2, 3, and 4 letter "F" in columr			worksheet on pag	ge 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			n <u>. </u>	-	
Line 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove					
Line 3: Subtract (If zero, l				r of DSEs subject 7 of this schedu		rate.	11-	0.00	
Line 4: Enter gro	ess receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	and enter s	um here				<u> </u>		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSI	Es from line	3				^	<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter hei	e and on line	2, block 3, spac	e L (page 7 <u>)</u>			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company 063102								Name	
1. CALL SIGN	2. PERMITTED BASIS		1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation of
									3.75 Fee

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company O6310:									
Worksheet for Computating the DSE Schedule for Permitted 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 accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:									
		PERMITT	ED DSE FOR STA	ATIONS CARRI	ED ON A PART-TIME AN	ND SUBSTI	TUTE BASIS			
	1. CALL	2. PRIC		COUNTING	4. BASIS OF	1	RESENT	6. PE	RMITTED	
	SIGN	DSE	F	ERIOD	CARRIAGE	ı	DSE		DSE	
		•								
7 Computation of the		"Yes," comple	ete blocks B and 0 locks B and C bla	nk and complete	e part 8 of the DSE sched					
Syndicated Exclusivity			BLOC	K A: MAJOR	TELEVISION MARK	<u>.E I </u>				
Surcharge	• Is any portion of the o	-		jor television ma	rket as defned by section 7		rules in effect Ju	une 24, 19	981?	
	BLOCK B: C	arriage of VHI	-/Grade B Contou	r Stations	BLOCK	C: Compu	ıtation of Exemi	pt DSEs		
	Is any station listed ir commercial VHF statior in part, over the ca	n block B of pa ion that places ble system? station below wi	art 6 the primary st s a grade B contou th its appropriate pe	ream of a ur, in whole	BLOCK C: Computation of Exempt DSEs Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE					
	X No—Enter zero a	and proceed to	pail 0.		X No—Enter zero a	на ргосееа т	υ μαιτο.			
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIG	N	DSE	
		-				-				
							-			
		•					-			
							-			
						-				
		<u> </u>	TOTAL DSEs	0.00		<u> </u>	TOTAL DSI	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 063102	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,962,436.90	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 Dis 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		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
4a		SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	ı	Illinois Bell Telephone Company	063102						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$							
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$							
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1)							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge.							
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge							
		Syndicated Exclusivity Surcharge.	· · · · · · · · · · · · · · · · · · ·						
8 Computation of Base Rate Fee	You me 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particle of the Sum of DSEs from part 5. sinck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. sur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. sur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. substant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers occated within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	ow						
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?								
		Yes—Complete part 9 of this schedule. X 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)	90_						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	.00						
	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) ▶ _ \$ 13,756.68							
		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)							
		Base Rate Fee	<u></u>						

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company		TEM ID# Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here	and leave section 3 blank	
4	and leave section 5 blank.	8
A. Enter 0.01064 of gross receipts	. •	0
(the amount in section 1)	<u> </u>	
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) ▶ \$		of Base Rate Fee
C. Multiply line B by 3.000 and enter here	<u>\$</u>	Dass Rate 1 of
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.		<u> </u>
Enter here and in block 3, line 1, space L (page 7)		
Base Rate Fee	> \$	0.00
IMPORTANT, It is no longer necessary to report television signals on a system	n wide begin Corriege of televicion broadcost sign	and a shall
IMPORTANT: It is no longer necessary to report television signals on a system instead be reported on a community-by-community basis (subscriber groups) i Space G.	· · · · · · · · · · · · · · · · · · ·	
In General: If any of the stations you carried were partially distant, the statute	allows you, in computing your base rate fee, to ex	cclude Computation
receipts from subscribers located within the station's local service area, from y		
this exclusion, you must:		Base Rate Fee and
First: Divide all of your subscribers into subscriber groups, each group consist station or the same group of stations. Next: Treat each subscriber group as if i	• ,	ame Syndicated
DSEs and the portion of your system's gross receipts attributable to that group	·	group Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That to	tal is the base rate fee for your system.	Surcharge for
NOTE: If any portion of your cable system is located within the top 100 televisi must also compute a Syndicated Exclusivity Surcharge for each subscriber gro		
However, if your cable system is wholly located outside all major television ma		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 station yo	U Stations
carried to that community. Step 2: For each wholly distant and each partially distant station you carried, or	determine which of your subscribers were located	
outside the station's local service area. A subscriber located outside the local service area to the same token, the station is distant to the subscriber.)		ind, by
Step 3: Divide your subscribers into subscriber groups according to the compl		
subscriber group must consist entirely of subscribers who are distant to exactly system will have only one subscriber group when the distant stations it carried		ble
Computing the base rate fee for each subscriber group: Block A contains subscriber groups.	separate sections, one for each of your system's	
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 compleme subscribers in the group. 	nt—that is, each station that is distant to all of the	
• If:		
 your system is located wholly outside all major and smaller television marke and 4 of this schedule; or, 	ts, give each station's DSE as you gave it in parts	2, 3,
any portion of your system is located in a major or smaller televison market, part 6 of this schedule.	give each station's DSE as you gave it in block B	,
• Add the DSEs for each station. This gives you the total DSEs for the particular	ar subscriber group.	
• Calculate gross receipts for the subscriber group. For further explanation of gin the paper SA3 form.	ross receipts see page (vii) of the general instruct	ions
Compute a base rate fee for each subscriber group using the formula outline		
page. In making this computation, use the DSE and gross receipts figure appl DSEs for that group's complement of stations and total gross receipts from the actual calculations on the form.		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063102 Illinois Bell Telephone Company 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						S	063102	Name
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,962,	,436.90	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Foul	rth Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add th	ne base rat	e fees for each subscr space L (page 7)	riber group	as shown in the boxes	above.	\$	0.00	

LEGAL NAME OF OWNER Illinois Bell Telepho						S	YSTEM ID# 063102	Name		
BLO	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP				
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GROU	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
0.1.22 2.101.1		0.122.11						Base Rate Fee		
		-						and		
								Syndicated		
								Exclusivity Surcharge		
		-			<u> </u>			for		
								Partially		
								Distant		
		-						Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$				
SI	EVENTH	SUBSCRIBER GROU	JP		EIGHTH	I SUBSCRIBER GROU				
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
	-	-								
		-				" -				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block 3	base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes	above.	\$				

llinois Bell Teleph	one Cor	npany					063102		
BL				TE FEES FOR EAC	FEES FOR EACH SUBSCRIBER GROUP				
	FIRST	SUBSCRIBER GROU				O SUBSCRIBER GROUP 0			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
	-								
	-								
		-							
		-				-			
otal DSEs			0.00	Total DSEs		0.00			
ross Receipts First Gr	oup	s 1,962,436.90		Gross Receipts Sec	ond Group	\$	0.00		
se Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	econd Group \$ 0.00				
	THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP				
MMUNITY/ AREA			0	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-				-			
	-								
						-			
al DSEs	1		0.00	Total DSEs			0.00		
ross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth Group \$ 0.00					
	-				•				
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		

Name	STEM ID# 063102	Sì			•			LEGAL NAME OF OWNER Illinois Bell Telepho
	5			TE FEES FOR EACH				BLO
9	0	I SUBSCRIBER GROU	SIXTH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	FIFIH	COMMUNITY/ AREA
Computation	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fee	202	37.22 3.3.1		37.22 3.3.1		97 122 91911		37.22 37311
and								
Syndicated Exclusivity								
Surcharge							_	
for							-	
Partially								
Distant Stations							-	
		-					-	
	0.00			Total DSEs	0.00			Total DSEs
	0.00		d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	3ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GROU	SEVENTH	SI
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
							-	
							-	
							-	
							-	
							-	
					l		ı"	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third Gr

ACCOUNTING PERIOD: 2019/2

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Illinois Bell Telephone Company 063102 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2019/2

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Illinois Bell Telephone Company 063102 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown