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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

### SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2019/2								
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable syster on the last day of to nunting period.	em. he accounting period should so						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  CABLE ONE, INC.								
				00641820192					
				006418 2019/2					
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626								
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•							
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT	•	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
	MAILING ADDRESS OF CABLE SYSTEM: P.O. BOX 876 (Number, street, rural route, apartment, or suite number) LEWISTON, ID 83501 (City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and i	elist on page 1b					
Area Served	with all communities. CITY OR TOWN	STATE							
First	LEWISTON	ID							
Community	Below is a sample for reporting communities if you report multiple ch	l nannel line-ups in	Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
	Alliance	MD	В	2					
	Gering	MD	В	3					

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

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

LEASE MAKE OF CONCRETORIAL POPTION  CABLE ONE, INC.  Total List death separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules. "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated and care and distinct community." Please use in as the first community and substitute tilings.  Note: Entities and reporties such as horse, apariments, condeminums, or mobile home paries should be reported in paraentheses below the identified city or titow.  If all communities entitle tilings in the community is the community of the community of the communities with the channel line-up "X" in the appropriate column below or flexor the column blank. If you report any stations on a partially definition or partially permitted these in the Column blank. If you report any stations on a partially definite or partially permitted these in the Column blank. If you report any stations on a partially definite or partially permitted these in the Column blank. If you report any stations on a partially definite or partially permitted these in the Column blank. If you report any stations on a partially definite or partially permitted these in the Column blank. If you report any stations on a community the column blank.  The column blank is a column blank in the column blank. If you report any stations are community who as absorber group designated by a number blank of your reporting from Part 9 of the DSE Schedule, associated and relevant actionmity with a column blank.  LEWISTON IN WA AA 1 1  ASOTIN WA AA 1 1  ASOTIN WA AA 2  CAN 1 1  ASOTIN WA AA 2  First  Community  ASOTIN WA AA 2  AND 1 1  ASOTIN WA AA 3  AND 1 1  ASOTIN WA AA 4  AND 1 1  ASOTIN WA AA 4	ORM SA3E. PAGE 1b.				T				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community hat you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.  If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by an ulpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.  CITY OR TOWN  STATE CH LINE UP SUB GRP#  LEWISTON  ID AA 1  First  Community  ASOTIN WA AA 1  ASOTIN WA AA 1  ASOTIN WA AA 1  CLARKSTON  WA AA 1  First  Community  See instructions for additional information on alphabetization.	LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.  If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).  When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.  CITY OR TOWN  STATE  CH LINE UP  SUB GRP#  LEWISTON  ID  AA  1  First  Community  See instructions for additional information on alphabetization.	CABLE ONE, INC.			006418					
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).  When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.  CITY OR TOWN  STATE  CH LINE UP  SUB GRP#  LEWISTON  ID  AA  1  First  Community  CLARKSTON  WA  AA  1  CLARKSTON  WA  AA  1  See instructions for additional information on alphabetization.	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses								
CITY OR TOWN  STATE  CH LINE UP  SUB GRP#  LEWISTON  ID  AA  ASOTIN  WA  AA  1  CLARKSTON  WA  NEZ PERCE COUNTY  ID  AA  1  See instructions for additional information on alphabetization.	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).  When reporting the carriage of television broadcast stations on a community-by-communication channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and	ne column blank. I elevant communit unity basis, assoc d a subscriber gro	If you report any s y with a subscribe iate each commur	tations r group, nity with a					
LEWISTON ASOTIN WA AA 1 COMMUNITY WA AA 1 CLARKSTON WA AA 1 NEZ PERCE COUNTY ID AA 1 See instructions for additional information on alphabetization.	, , , , , , , , , , , , , , , , , , ,		CH LINE UP	SUB GRP#					
ASOTIN COUNTY WA AA 1 CLARKSTON WA AA 2 NEZ PERCE COUNTY ID AA 1 See instructions for additional information on alphabetization.					- First				
ASOTIN COUNTY  CLARKSTON  WA AA 2  NEZ PERCE COUNTY  ID AA 1  See instructions for additional information on alphabetization.									
NEZ PERCE COUNTY       ID       AA       1         See instructions for additional information on alphabetization.       and alphabetization.	ASOTIN COUNTY	WA		1					
See instructions for additional information on alphabetization.	CLARKSTON	WA	AA	2					
additional information on alphabetization.	NEZ PERCE COUNTY	ID	AA	1					
on alphabetization.					See instructions for				
Add rows as necessary.					оп аірпавецігацоп.				
Add rows as necessary.									
Add rows as necessary.									
					Add rows as necessary.				
				***************************************					
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U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

006418

# E

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1			BLOCK 2					
0.475.000.4.05.050.405	NO. OF		D.4.T.F.	П	0.475,000,105,050,105	NO. OF	5.4		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ц	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:				Ш					
<ul> <li>Service to first set</li> </ul>	4,769	\$	40.00	Ш					
<ul> <li>Service to additional set(s)</li> </ul>									
<ul> <li>FM radio (if separate rate)</li> </ul>									
Motel, hotel				1					
Commercial									
Converter									
<ul> <li>Residential</li> </ul>		\$	2.75	1					
<ul> <li>Non-residential</li> </ul>		\$	5.00						
		····		1 ľ					

# F

### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1				BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE		CATEGORY OF SERVICE	F	RATE
Continuing Services:		Installation: Non-residential						
• Pay cable	9.00-17.00	Motel, hotel	1.	50-9.95		EXPANDED BASIC	\$	44.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			ı	DIGITAL VALUE PAK	\$	15.00
Fire protection		• Pay cable			ĺ			
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			ľ			***************************************
Installation: Residential		Fire protection						••••••
• First set		Burglar protection						•••••••••••••••••••••••••••••••••••••••
<ul><li>Additional set(s)</li></ul>		Other services:			ľ			•••••••••••••••••••••••••••••••••••••••
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$	90.00				••••••
Converter		Disconnect			ľ			•••••••••••••••••••••••••••••••
		Outlet relocation	\$	30.00				
		Move to new address	\$	30.00				
			h					

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006418 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL CARRIAGE** OF (Yes or No) **NUMBER STATION** (If Distant) KAYU-1 I-M SPOKANE, WA 28 No KGPX-1 34 I-M No SPOKANE, WA See instructions for additional information KHQ-1 15 N-M No SPOKANE, WA on alphabetization. **KLEW** 3 Ν LEWISTON, ID No **KREM** 20 Ν No SPOKANE, WA I **KSKN** 36 No SPOKANE, WA **KSPS** 7 Ε Yes 0 SPOKANE, WA 0 KAID-1 21 E-M Yes BOIISE, ID KAID-2 21 E-M 0 Yes BOIISE, ID KVBI-LP 42 I No LEWISTON, ID LEWISTON, ID K49EVD 49 ı No **KXLY** 13 N-M SPOKANE, WA No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006418 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA (CONTD) 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL CARRIAGE** OF (Yes or No) **NUMBER STATION** (If Distant) KXLY-2 13 I-M SPOKANE, WA No KQUP 24 ı No **PULLMAN, WA** KAID-3 21 E-M 0 Yes BOIISE, ID KAID-4 21 0 BOIISE, ID E-M Yes KAYU-2 30 I-M No SPOKANE, WA **KHQ** 15 I-M No SPOKANE, WA KLEW-2 32 I-M No LEWISTON, ID KXLY-3 13 I-M No SPOKANE, WA KREM-3 20 I-M No SPOKANE, WA KSKN-3 36 I-M No SPOKANE, WA SPOKANE, WA KSKN-2 36 I-M No KREM-2 20 I-M SPOKANE, WA No KLEW-3 3 I-M SPOKANE, WA No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006418 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006418 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				006418	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G
•				•	tain network programs [sections and (2) certain stations carried on a	Primary
substitute program ba	sis, as explaine	ed in the next	paragraph.		• •	Transmitters:
Substitute Basis Substi				s carried by your	cable system on a substitute program	Television
•				ne Special Statem	ent and Program Log)—if the	
station was carried	•		-4'	المحادة والمحاط	ituta basis and also an associate a	
-	nformation con				itute basis and also on some other of the general instructions located	
		•			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			·	,		
			-		tion for broadcasting over-the-air in	
on which your cable sy			nannei 4 in vvas	nington, D.C. This	s may be different from the channel	
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial	
-	-	•	,	•	cast), "I" (for independent), "I-M"	
For the meaning of the	, .		, .	,	commercial educational multicast). the paper SA3 form.	
Column 4: If the st	ation is outside	e the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local serv						
· ·			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	tion on a part-ti	me basis bec	ause of lack of	activated channel	capacity.	
					y payment because it is the subject stem or an association representing	
_				-	ary transmitter, enter the designa-	
					ther basis, enter "O." For a further	
					ed in the paper SA3 form.  by to which the station is licensed by the	
					h which the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AE		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	]
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION	, ,	(If Distant)		
						1
						•
						•
						1
						1

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				006418	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
_	6.61(e)(2) and	(4), or 76.63 (	referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:	
				s carried by your	cable system on a substitute program	Television	
basis under specifc FC				no Special Statem	ent and Program Log)—if the		
	•		st it in Space i (ii	ie Speciai Statem	ent and Program Log)—II 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.							
		-			es such as HBO, ESPN, etc. Identify		
			•	•	ation. For example, report multi- ch stream separately; for example		
WETA-simulcast).  Column 2: Give the	e channel num	ber the FCC	has assigned to	the television stat	tion for broadcasting over-the-air in		
its community of licens on which your cable sy		•	nannel 4 in Was	hington, D.C. This	may be different from the channel		
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial		
	•	,	, .	,	cast), "I" (for independent), "I-M" ommercial educational multicast).		
For the meaning of the							
planation of local servi					es". If not, enter "No". For an ex- e paper SA3 form.		
Column 5: If you h	ave entered "Y	es" in columr	n 4, you must co	mplete column 5,	stating the basis on which your		
cable system carried t carried the distant stat		•	• •	•	tering "LAC" if your cable system capacity.		
For the retransmiss	sion of a distan	t multicast str	eam that is not	subject to a royalt	y payment because it is the subject		
•				•	stem or an association representing ry 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		
					y to which the station is licensed by the hy which the station is identifed.		
Note: If you are utilizing							
		CHANN	EL LINE-UP	AF			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL		(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006418 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AG 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				006418	Name		
PRIMARY TRANSMITTERS: TELEVISION								
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
_	6.61(e)(2) and	(4), or 76.63 (	referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:		
	•			s carried by your	cable system on a substitute program	Television		
basis under specifc FC				0.000	and and Brown or Locky. William			
	•		st it in space I (th	ne Special Statem	ent and Program Log)—if the			
station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.								
		-			es such as HBO, ESPN, etc. Identify			
			•	•	ation. For example, report multi- ch stream separately; for example			
WETA-simulcast).			•	,	tion for broadcasting over-the-air in			
-			nannel 4 in Was	hington, D.C. This	s may be different from the channel			
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommercial			
	•	•	, .	•	cast), "I" (for independent), "I-M"			
For the meaning of the	, .		, .	,	ommercial educational multicast). he paper SA3 form.			
Column 4: If the st	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-			
planation of local servi					e paper SA3 form. stating the basis on which your			
-			•	•	tering "LAC" if your cable system			
carried the distant stat					· · · · ·			
					y payment because it is the subject stem or an association representing			
the cable system and	a primary trans	mitter or an a	ssociation repre	esenting the prima	ary transmitter, enter the designa-			
					ther basis, enter "O." For a further ed in the paper SA3 form.			
					y to which the station is licensed by the			
				•	h which the station is identifed.			
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.			
	•	CHANN	EL LINE-UP	AH				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL		(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)		-		

LEGAL NAME OF OWN	NER OF CABLE S	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006418	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63 (	referring to 76.6	•	and (2) certain stations carried on a	Primary
substitute program ba  Substitute Basis				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F0	CC rules, regul	ations, or autl	norizations:			
<ul> <li>Do not list the station station was carried</li> </ul>			st it in space I (th	ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spanformation con	ace I, if the st			itute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify ation. For example, report multi-	
			•	•	ch stream separately; for example	
WETA-simulcast). <b>Column 2:</b> Give th	e channel num	ber the FCC	has assigned to	the television sta	tion for broadcasting over-the-air in	
its community of licens	se. For exampl	e, WRC is Ch	-		s may be different from the channel	
on which your cable sy Column 3: Indicate	•		tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
	•	,	, .	,	cast), "I" (for independent), "I-M"	
For the meaning of the	, .		, .	,	commercial educational multicast). the paper SA3 form.	
Column 4: If the st	tation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local serv <b>Column 5:</b> If you h					e paper SA3 form. stating the basis on which your	
-		•	• •	•	stering "LAC" if your cable system	
carried the distant state For the retransmiss					capacity. y payment because it is the subject	
•				•	stem or an association representing	
,			•		ary transmitter, enter the designa- other basis, enter "O." For a further	
	•		,		ed in the paper SA3 form.	
					ty to which the station is licensed by the hy which the station is identifed.	
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	Al		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
						1

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006418 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006418 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

PRIMARY TRANSMITTERS: TELEVISION  In General: In space Q, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under PCC rules and regulations in effect or June 24, 1981, permitting the carriage of certain network programs (sections 76,56(f)(2) and (4), 70.61(e)(2) and (4), 67.61(e)(2) and (4)), and (2) certain stations carried on a substitute program basis, as explained in the next peragraph.  Substitute Basis Stations: Vith respect to any distant stations carried by your cable system on a substitute program basis under specific PCC rules, regulations, or authorizations:  **Po not list the station free; and size on space 1, if the station was carried both on a substitute basis station in the page Stations with respect to any distant stations carried by your cable system on a substitute program basis. It is station free; and size on space 1, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, so page (v) of the general instructions located in the page Stations and stations and stations are stations. The station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, as the station is called the station. Column 1: the station station is all stations, as page 4,6 of the general instructions for broadcasting over-the-eir 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 2: (and the station), by entering the letter Th' (for network multicast). "For independent multicast), "Er' (for nencommercial educational station, or a nencommercial educational station or located in the page SA3 form.  Column 3: Indicate in each case whether the station is a network station, an indepen	LEGAL NAME OF OWNE	ER OF CABLE SYSTEM:			SYSTEM ID#	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  10 not list the station here, and also in space (1, the the station was carried both on a substitute basis and also on some other station was carried only on a substitute basis.  11st the station here, and also in space (1, the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate	CABLE ONE, IN	C.			006418	Name
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 76.51(e)(2) and (4)); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations:  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here, and also in space I, if the station was carried by our cable system 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), "If (for independent), "I-M" (for independent multicast), "E" (for more commercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the b	PRIMARY TRANSMITTE	RS: TELEVISION				
Primary 7s.59(d)(2) and (4), 7s.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  To not list the station her in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent, "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 ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 6: If you have entered "Yes" in column 4,	carried by your cable sy	stem during the accounti	ng period, except	t (1) stations carrie	ed only on a part-time basis under	G
Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast 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 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 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	76.59(d)(2) and (4), 76. substitute program bas	.61(e)(2) and (4), or 76.63 is, as explained in the ne	(referring to 76.6 t paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a	Transmitters:
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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 to which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP  AL  1. CALL  2. B'CAST  OF  CHANNEL  3. TYPE  4. DISTANT?  (Yes or No)  CARRIAGE	Column 2: Give the		-		_	
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP  AL  1. CALL  2. B'CAST  CHANNEL  OF  CHANNEL  3. TYPE  4. DISTANT?  (Yes or No)  CARRIAGE	Column 3: Indicate	in each case whether the			•	
Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AL  1. CALL  2. B'CAST  CHANNEL OF  4. DISTANT?  5. BASIS OF  6. LOCATION OF STATION  6. LOCATION OF STATION  CARRIAGE	(for independent multic For the meaning of the	ast), "E" (for noncommerose terms, see page (v) of	cial educational), the general instru	or "E-M" (for noncuctions located in t	commercial educational multicast). the paper SA3 form.	
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP  AL  1. CALL  2. B'CAST  3. TYPE  4. DISTANT?  5. BASIS OF  6. LOCATION OF STATION  CHANNEL OF  CHANNEL CHANNEL  CHAN	Column 5: If you ha	ive entered "Yes" in colur	nn 4, you must co	omplete column 5,	stating the basis on which your	
the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AL  1. CALL  2. B'CAST  3. TYPE  4. DISTANT?  5. BASIS OF  6. LOCATION OF STATION  CHANNEL OF  (Yes or No)  CARRIAGE	For the retransmissi	on of a distant multicast s	tream that is not	subject to a royalt	y payment because it is the subject	
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AL  1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION  SIGN CHANNEL OF (Yes or No) CARRIAGE	the cable system and a tion "E" (exempt). For s	primary transmitter or an imulcasts, also enter "E".	association represented the	esenting the prima channel on any c	ary transmitter, enter the designa- other basis, enter "O." For a further	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE	<b>Column 6:</b> Give the FCC. For Mexican or C	location of each station. anadian stations, if any, or	For U.S. stations, ive the name of t	, list the communit the community wit	ty to which the station is licensed by the handle had been had been had been been the station is identifed.	
SIGN CHANNEL OF (Yes or No) CARRIAGE		CHAN	NEL LINE-UP	AL		
SIGN CHANNEL OF (Yes or No) CARRIAGE	1. CALL	2. B'CAST 3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
		CHANNEL OF	(Yes or No)	CARRIAGE		

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006418	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba Substitute Basis \$	sis, as explaine <b>Stations:</b> With	ed in the next respect to an	paragraph. y distant station		and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	n here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
			-		tion for broadcasting over-the-air in smay be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
-	ave entered "Y	es" in column	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
of a written agreemen	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing	
tion "E" (exempt). For explanation of these the	simulcasts, als	o enter "E". If , see page (v	you carried the of the general	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of t	he community wit	ty to which the station is licensed by the hand hand hand hand hand hand hand hand	
		CHANN	EL LINE-UP	AM		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006418 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006418 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006418	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
_	6.61(e)(2) and	(4), or 76.63 (	referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:
	•			s carried by your	cable system on a substitute program	Television
basis under specifc FC				no Special Statem	nent and Program Log)—if the	
station was carried	•		st it iii space i (ti	ie opeciai otateii	ent and riogram Log/—it the	
	nformation cond				itute basis and also on some other of the general instructions located	
Column 1: List each	ch station's call	-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			•	,	tion for broadcasting over-the-air in	
its community of licens	se. For example	e, WRC is Ch	-		s may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
educational station, by	entering the le	etter "N" (for n	etwork), "N-M"	(for network multi	cast), "I" (for independent), "I-M"	
(for independent multi- For the meaning of the	, .		, .	,	commercial educational multicast). the paper SA3 form.	
Column 4: If the st	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local servi					e paper SA3 form. stating the basis on which your	
-			•	•	stering "LAC" if your cable system	
carried the distant stat					capacity. y payment because it is the subject	
					stem or an association representing	
_			•	• .	ary transmitter, enter the designa-	
					other basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the communit	ty to which the station is licensed by the	
FCC. For Mexican or ( Note: If you are utilizing				-	h which the station is identifed.	
Note. If you are utilizing	Ig multiple cha	•	EL LINE-UP	•	т спаппет ше-ир.	
	1					-
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
				(11 2 10 10 11)		
						1
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LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				006418	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G
•				•	tain network programs [sections and (2) certain stations carried on a	Primary
substitute program ba	sis, as explaine	ed in the next	paragraph.		• •	Transmitters:
basis under specifc FC				s carried by your	cable system on a substitute program	Television
•				ne Special Statem	ent and Program Log)—if the	
station was carried	•		otion was carria	d both on a substi	itute basis and also an same other	
-	nformation con				itute basis and also on some other of the general instructions located	
		•			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			·	,		
			-		tion for broadcasting over-the-air in	
on which your cable sy			nannei 4 in vvas	nington, D.C. This	s may be different from the channel	
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial	
-	-	•	,	•	cast), "I" (for independent), "I-M"	
For the meaning of the	, .		, .	,	commercial educational multicast). the paper SA3 form.	
Column 4: If the st	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local serv					e paper SA3 form. stating the basis on which your	
· ·			•	•	tering "LAC" if your cable system	
carried the distant stat	tion on a part-ti	me basis bec	ause of lack of	activated channel	capacity.	
					y payment because it is the subject stem or an association representing	
_				•	ary transmitter, enter the designa-	
					other basis, enter "O." For a further	
					ed in the paper SA3 form.  by to which the station is licensed by the	
					h which the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AQ		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION	, ,	(If Distant)		
						1
						•
						1
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LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006418	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and easis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	31(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the st			itute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
			-		tion for broadcasting over-the-air in s may be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for r ese terms, see	oncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
-	ave entered "Y	es" in columr	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing	
tion "E" (exempt). For explanation of these the	simulcasts, als	o enter "E". If , see page (v	you carried the ) of the general	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of t	he community wit	ty to which the station is licensed by the hand hand hand hand hand hand hand hand	
		CHANN	EL LINE-UP	AR		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
				•		
***************************************						

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006418 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AS 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				006418	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
76.59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary ed in the next paragraph.						
	•			s carried by your	cable system on a substitute program	Television		
basis under specifc FC				a Special Statem	ant and Dragram Log) if the			
station was carried	•		st it in space i (tr	ie Speciai Statem	ent and Program Log)—if the			
• List the station here,	and also in spa nformation cond	ace I, if the st			tute basis and also on some other of the general instructions located			
		-			es such as HBO, ESPN, etc. Identify			
			•	•	ation. For example, report multi- ch stream separately; for example			
WETA-simulcast).			•	,	tion for broadcasting over-the-air in			
its community of licens	se. For example	e, WRC is Ch	-		s may be different from the channel			
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommercial			
educational station, by	entering the le	etter "N" (for n	etwork), "N-M"	(for network multi	cast), "I" (for independent), "I-M"			
(for independent multi- For the meaning of the	, .		, .	,	commercial educational multicast).			
					es". If not, enter "No". For an ex-			
planation of local servi								
-			•	•	stating the basis on which your tering "LAC" if your cable system			
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	capacity.			
					y payment because it is the subject			
_				-	stem or an association representing ary transmitter, enter the designa-			
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ther basis, enter "O." For a further			
					ed in the paper SA3 form.  by to which the station is licensed by the			
					h which the station is identifed.			
Note: If you are utilizing				•				
		CHANN	EL LINE-UP	AT				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL		(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
				•				

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#					
CABLE ONE, IN	NC.				006418	Name				
PRIMARY TRANSMITT	ERS: TELEVISION	ON								
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G				
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television				
basis under specifc F(  Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the					
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v)	tute basis and also on some other of the general instructions located					
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	ver-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example					
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel					
Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	e in each case of entering the lecast), "E" (for notes terms, see partion is outside itee area, see partion on a part-tipoid of a distantiation of a distantiation of a distantiation of a primary transsimulcasts, also incee categories de location of each canadian static	whether the setter "N" (for noncommercial page (v) of the the local servage (v) of the es" in column on during the me basis bect multicast strong to enter "E". If y see page (vach station. For ens, if any, givennel line-ups,	etwork), "N-M" (all educational), or general instruction 4, you must conaccounting perioduse of lack of a general instruction 4, you must conaccounting perioduse of lack of a general that is not succeed that is not succeed the you carried the of the general or U.S. stations, we the name of the use a separate	(for network multicor "E-M" (for noncations located in the distant"), enter "Y tions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalt etween a cable system of the primary channel on any of instructions located list the community with space G for each	es". If not, enter "No". For an exe 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 try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.					
	1	CHANN	EL LINE-UP	AU						
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					
						1				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006418 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#				
CABLE ONE, IN	NC.				006418	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	ON							
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G			
76.59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63 (	or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a <b>Primary</b> the next paragraph. <b>Transmitte</b>						
	•			s carried by your	cable system on a substitute program	Television			
basis under specifc FC				no Special Statem	nent and Program Log)—if the				
station was carried	•		st it iii space i (ti	ie opeciai otatem	ient and Program Log/—it the				
	nformation cond				itute basis and also on some other of the general instructions located				
		-			es such as HBO, ESPN, etc. Identify				
			•	•	ation. For example, report multi- ch stream separately; for example				
WETA-simulcast).				,	tion for broadcasting over-the-air in				
			-		s may be different from the channel				
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommercial				
educational station, by	entering the le	etter "N" (for n	etwork), "N-M"	(for network multi	cast), "I" (for independent), "I-M"				
(for independent multi- For the meaning of the	, .		, .	,	commercial educational multicast).				
					es". If not, enter "No". For an ex-				
planation of local servi									
-			•	•	stating the basis on which your stating "LAC" if your cable system				
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	capacity.				
					y payment because it is the subject stem or an association representing				
_					ary transmitter, enter the designa-				
					other basis, enter "O." For a further				
					ed in the paper SA3 form.  by to which the station is licensed by the				
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	e the name of t	he community wit	h which the station is identifed.				
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	n channel line-up.				
	•	CHANN	EL LINE-UP	AW					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL		(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)		-			
						•			
						1			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 006418 CABLE ONE, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

LEGAL NAME OF OWNER OF CABLE ONE, INC.	SYSTEM ID# CABLE ONE, INC.  SYSTEM ID#						Name
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
In General: In space I, ident substitute basis during the a explanation of the programm form.	ify every no	nnetwork telev eriod, under sp	ision program broadcast by ecific present and former F0	a distant stati CC rules, regu	ulations, or authorizatio	ns. For a further	Substitute
1. SPECIAL STATEMENT	Γ CONCER	NING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting per	-	ır cable systen	n carry, on a substitute bas	sis, any nonn	· •		Special Statement and
broadcast by a distant state  Note: If your answer is "No		rest of this na	ge blank. If your answer is	"Ves" you m		X No	Program Log
log in block 2.	, leave trie	rest or this pa	ge blatik. II your allswel is	res, you ii	iust complete the prog	yraiii	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ice, please of every no distant state gulations, of the state adcast state addian state at the and day we "5/7." es when the Example: a er "R" if the and regulation of the and	attach addition nnetwork televion and that your or authorization of use general BA Basketball: deast live, enter station broade on's location (tons, if any, the when your system a program carrollisted program ons in effect de	nal pages.  vision program (substitute pour cable system substitute ins. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls."  er "Yes." Otherwise enter "lasting the substitute programe to community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:01:  In was substituted for programing the accounting perior	orogram) that ed for the proneral instructor "basketball No." am. estation is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the left of for the left of the system o	t, during the accountir gramming of another ions located in the pa ". List specific progra ensed by the FCC or, entified). e numerals, with the rank List the times accurates:30 p.m. should be your system was requetter "P" if the listed programments accounts to the system was requetter "P" if the listed programments accounts to the system was requested.	ng station per m in nonth ately	
	LIDOTITLIT		A		EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
1. THE OF TROOKAW	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	)	
					<u> </u>		
			-				
					_		
					_		
					_		
					_		
					_		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 006418 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Namo
CAI	BLE ONE, INC.			006418	
Inst all a (as i	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary tra	ansmiss	sion service	K Gross Receipts
IMP	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.	- (	\$	<b>1,179,020.07</b> gross receipts)	
COPY Instru • Com • Com • If yo fee to • If yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. aplete block 2, showing whether your system carried any distant television stations. aur system did not carry any distant television stations, leave block 3 blank. Enter the arrom block 1 on line 1 of block 4, and calculate the total royalty fee. aur system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.	nount of	the min	imum	L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered	d on line	e 1 of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ low.	entered c	n line 2	in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be er	ntered o	n line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064	e is 1.064			
	Enter the result here.  This is your minimum fee.			12,544.77	
	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 colun "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  No—Leave block 3 below blank and continued the property of the property	nn 4, you od?	must c	heck	
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	_	\$	14,392.14	
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	_		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$		14,392.14	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7		\$	14,392.14	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.  Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	_ _		0.00	additional deposits under 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	\$		15,117.14	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	e (i) of t	he	auditional rees.

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

Name	LEGAL NAME OF OWNER OF CABL	SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.		006418
<b>M</b> Channels		ve (1) the number of channels on which the cable system carried television broadcast stations ne cable system's total number of activated channels, during the accounting period.	
Ona.moio		f channels on which the cable broadcast stations	
	2. Enter the total number of	f activated channels	
	on which the cable system	m carried television broadcast stations es	
N Individual to	INDIVIDUAL TO BE CONT we can contact about this	TACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual statement of account.)	
Be Contacted for Further Information	Name <b>EMERSON</b>	YEARWOOD Telephone 602-364-619	5
	Address 210 E. EARL (Number, street, rul	L DRIVE al route, apartment, or suite number)	
	PHOENIX, A	AZ 85012-2626 p)	
	Email eme	erson.yearwood@cableone.biz Fax (optional) 602-364-6195	
_	CERTIFICATION (This state	ment of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• I, the undersigned, hereby	certify that (Check one, but only one, of the boxes.)	
	(Owner other than corp	oration or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
		nan corporation or partnership) I am the duly authorized agent of the owner of the cable system as identifien and that the owner is not a corporation or partnership; or	ed
	(Officer or partner) I am in line 1 of space B.	n an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable sy	rstem
		nent of account and hereby declare under penalty of law that all statements of fact contained herein ect to the best of my knowledge, information, and belief, and are made in good faith.  86)]	
	X	/s/ Raymond Storck	
	(e.g.,	an electronic signature on the line above using an "/s/" signature to certify this statement. /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press n, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	the "F2"
	Туре	ed or printed name: RAYMOND STORCK	
	Title:	VICE PRESIDENT  (Title of official position held in corporation or partnership)	
	Date	: February 28, 2020	

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID  OO 0444	Namo
CABLE ONE, INC. 006418	3
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
xx days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	
(interest charge)	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period	
ID number	

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

**ACCOUNTING PERIOD: 2019/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#	
<u> </u>	CABLE ONE, INC.					006418	
	SUM OF DSEs OF CATEGOR		NS:				
	Add the DSEs of each station				1.25		
	Enter the sum here and in line	Enter the sum here and in line 1 of part 5 of this schedule.					
	Instructions:						
2	In the column headed "Call S	<b>Sign":</b> list the cal	ll signs of all distant stations	identified by the	he letter "O" in column 5		
Committee	of space G (page 3). In the column headed "DSE"	• for each index	andent station dive the DOF	ae "1 0": fo-	anch network or neneer		
Computation of DSEs for	mercial educational station, giv			_ as 1.U , 10f (	Cach Hetwork OF HONCOM-		
Category "O"	Saasational Station, giv	, DUL a3 .2	CATEGORY "O" STATION	IS: DSEs			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	KSPS	0.250					
	KAID-1	0.250					
	KAID-2	0.250					
	KAID-3	0.250					
	KAID-4	0.250					
Add rows as							
necessary.							
Remember to copy							
all formula into new							
rows.							
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U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:							SYSTEM ID#	
Name	CABLE ONE, INC.							006418	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTE	R 3. JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5.	TYPE VALUE	6. DSE	
			÷		=	x		=	
			÷		_	x x		=	
			÷ ÷		=	x			
			÷		=	x		=	
			÷		=	x		=	
			÷		=	x		=	
			÷		=	х		=	
	SUM OF DSEs OF CATEGORY LAC STATIONS:  Add the DSEs of each station.  Enter the sum here and in line 2 of part 5 of this schedule,								
Computation of DSEs for Substitute-Basis Stations	<ul> <li>Instructions:</li> <li>Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:</li> <li>Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and</li> <li>Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).</li> <li>Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.</li> <li>Column 3: Enter the number of days in the calendar year: 365, except in a leap year.</li> <li>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).</li> </ul>								
		SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBEI OF PROGRA	OF	JMBER 4. DSE DAYS YEAR	
		<u>-</u>		=			÷	=	
				=			÷	=	
		÷		=			÷ ÷	=	
				=			÷	=	
		÷		=			÷	=	
	Add the DSEs of	OF SUBSTITUTE-BASI of each station. m here and in line 3 of pa		ule,	▶		0.00		
5	<b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.								
<b>Total Number</b>	1. Number of DSEs from part 2 ● ▶ <b>1.25</b>								
of DSEs	2. Number of DSEs from part 3 ●								
	3. Number of DSEs from part 4 ● ▶ <b>0.00</b>								
								l	
	TOTAL NUMBER OF DSEs 1.25								

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

CABLE ONE, I		SYSTEM:					S	YSTEM ID# 006418	Namo
Instructions: Block In block A:	ck A must be comp	oleted.							•
<ul> <li>If your answer if schedule.</li> </ul>	"Yes," leave the re	mainder of pa	art 6 and part 7	7 of the DSE sched	ule blank and	complete par	t 8, (page 16) of th	е	6
	"No," complete blo			TELEVIOLONI NA	A DIVETO				Computation of
Is the cable system	m located wholly o			TELEVISION MA		tion 76 5 of F	CC rules and regul	lations in	3.75 Fee
effect on June 24,	1981?		•	PLETE THE REMAI			oo rales and regal		
X No—Comp	olete blocks B and	C below.							
		BLOC	CK B: CARR	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sched	ns prior to Jun Iule. (Note: Th	part 2, 3, and 4 of the 25, 1981. For furthe letter M below reflact of 2010.)	ther explanati	on of permitte	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	lles and regulated pursuant to	ations cited be the FCC mar	sis on which you ca elow pertain to those ket quota rules [76 6.59(d)(1), 76.61(e)	e in effect on .57, 76.59(b),	June 24, 1981 76.61(b)(c), 7	6.63(a) referring to	0	
	D Grandfathered instructions for E Carried pursua *F A station pre	d station (76.6 r DSE schedu ant to individu viously carried	5) (see paragiule). al waiver of Fo d on a part-tim	e or substitute basi	stitution of gra	andfathered st e 25, 1981			
	G Commercial L M Retransmission		•	ontour, [76.59(d)(5 am.	), 76.61(e)(5),	, 76.63(a) refe	rring to 76.61(e)(5	)]	
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2			orksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KSPS	C	0.25							
KAID-1	C	0.25							
KAID-2 KAID-3	C	0.25 0.25							
KAID-4	C	0.25							
								1.25	
		В	LOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	oart 5 of this	schedule					
Line 2: Enter the	sum of permitte	d DSEs from	ı block B abo	ve					
				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	ige 7)				 x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ine 4 by 0.0375 a	and enter sur	n here						partially permited/ partially
Line 6: Enter tota	al number of DSE	Es from line (	3				<b>.</b>		nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

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

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM ID# 006418	Name
Section If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blan	ık.	
A. Enter 0.01064 of gross receipts		8
(the amount in section 1) <b>&gt;</b>		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) <b>\$</b>	_	of Base Rate Fe
C. Multiply line B by 3.000 and enter here <b>&gt;</b>		base Rate Fe
D. Enter 0.00330 of gross receipts		
(the amount in section 1) <b></b>	_	
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	<u> </u>	
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	
<b>MPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage hall instead be reported on a community-by-community basis (subscriber groups) if the cable system ps in Space G.	n reported multiple channel line-	9
General: If any of the stations you carried were partially distant, the statute allows you, in computing eceipts from subscribers located within the station's local service area, from your system's total gros		Computation
is exclusion, you must:		of Base Rate F
irst: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribtation or the same group of stations. Next: Treat each subscriber group as if it were a separate cable SEs and the portion of your system's gross receipts attributable to that group, and calculate a separate for each subscriber group. That total is the base rate for	e system. Determine the number of rate base rate fee for each group.	and Syndicated Exclusivity Surcharge
<b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee IOTE: If any portion of your cable system is located within the top 100 television market and the stati	, ,	for Partially
nust also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete block A However, if your cable system is wholly located outside all major television markets, complete block A	lete both block A and B below.	Distant Stations, ar
low to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
tep 1: For each community served, determine the local service area of each wholly distant and each	n partially distant station you	Stations
arried to that community.  Step 2: For each wholly distant and each partially distant station you carried, determine which of your outside the station's local service area. A subscriber located outside the local service area of a station as some taken, the station is distant to the subscriber.		
ne same token, the station is distant to the subscriber.)  Step 3: Divide your subscribers into subscriber groups according to the complement of stations to whous ubscriber group must consist entirely of subscribers who are distant to exactly the same complement.	t of stations. Note that a cable	
system will have only one subscriber group when the distant stations it carried have local service area computing the base rate fee for each subscriber group: Block A contains separate sections, one		
ubscriber groups. n 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 statio	on that is distant to all of the	
ubscribers in the group. If:		
ır: ) your system is located wholly outside all major and smaller television markets, give each station's l	DSE as you gave it in parts 2. 3.	
nd 4 of this schedule; or, ) any portion of your system is located in a major or smaller televison market, give each station's DS		
part 6 of this schedule.  Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
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	e (vii) of the general 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 to bage. In making this computation, use the DSE and gross receipts figure applicable to the particular DSEs for that group's complement of stations and total gross receipts from the subscribers in that group's	subscriber group (that is, the total	

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your actual calculations on the form.

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	SYSTEM:				S	YSTEM ID# 006418	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GROU	P		SECOND	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA	LEWIST	TON		COMMUNITY/ ARE	A CLARKS	TON		<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KSPS	0.25			KAID-1	0.25			Base Rate Fee
KAID-1	0.25			KAID-2	0.25			and
KAID-2	0.25			KAID-3	0.25			Syndicated
KAID-3	0.25			KAID-4	0.25			Exclusivity
KAID-4	0.25							Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			1.25	Total DSEs			1.00	
Gross Receipts First Gr	oup	\$ 1,054	132.50	Gross Receipts Sec	ond Group	\$ 12	24,887.57	
Base Rate Fee First Gr	oup	\$ 13	063.34	Base Rate Fee Sec	ond Group	\$	1,328.80	
	THIRD	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-							
	-							
	-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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			ber group a	as shown in the boxes	above.	\$ 1	14,392.14	

LEGAL NAME OF OW CABLE ONE, IN		E SYSTEM:				S	006418	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						. –		Base Rate Fee
								and
						. –		Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Tatal DOF		II	0.00	Tatal DOF-			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

	YSTEM ID# 006418	S				E SYSTEM:	R OF CABLE	LEGAL NAME OF OWNER CABLE ONE, INC.
				E FEES FOR EACH	BASE RA	COMPUTATION OF	_OCK A: (	Bl
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GROU	NINTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
4			-				-	
1			-					
1								
1								
for			•				_	
Partially								
Distant								
Stations			-				-	
]								
-								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
-	Р	SUBSCRIBER GROU	TWELVTH			SUBSCRIBER GROU	EVENTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
]	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
						1		Base Rate Fee Third G

006418 Name						
		TE FEES FOR EACH				
SUBSCRIBER GROUP  0  9	IRTEENTH			SUBSCRIBER GROU	RTEENTH	
0 Computa		COMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSE of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	-					
and	-					
Syndica						
Exclusiv Surchar						
for						
Partial	-					
Distan	-					
Station						
0.00		Total DSEs	0.00			otal DSEs
\$ 0.00	d Group	Gross Receipts Secon	0.00	\$	roup	Bross Receipts First Gr
Ţ					•	oloss Receipts Filst Gi
7					·	oross Receipts Filst Gr
\$ 0.00	d Group	Base Rate Fee Secon	0.00	\$		·
				\$ SUBSCRIBER GROU	roup	Base Rate Fee First Gr
\$ 0.00					roup	<b>Base Rate Fee</b> First Gr
\$ 0.00		S	IP		roup	<b>Base Rate Fee</b> First Gr
\$ 0.00		S	IP		roup	Base Rate Fee First Gr
\$ 0.00 SUBSCRIBER GROUP	IXTEENTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	roup	Base Rate Fee First Gr FII COMMUNITY/ AREA
\$ 0.00 SUBSCRIBER GROUP	IXTEENTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	roup	Base Rate Fee First Gr FII COMMUNITY/ AREA
\$ 0.00 SUBSCRIBER GROUP	IXTEENTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	roup	Base Rate Fee First Gr FII COMMUNITY/ AREA
\$ 0.00 SUBSCRIBER GROUP	IXTEENTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	roup	Base Rate Fee First Gr FII COMMUNITY/ AREA
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\$ 0.00 SUBSCRIBER GROUP	IXTEENTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	roup	Base Rate Fee First Gr FII COMMUNITY/ AREA
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\$ 0.00 SUBSCRIBER GROUP	IXTEENTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	roup	Base Rate Fee First Gr FII COMMUNITY/ AREA
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\$ 0.00 SUBSCRIBER GROUP	IXTEENTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	roup	Base Rate Fee First Gr FII COMMUNITY/ AREA
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\$ 0.00  SUBSCRIBER GROUP  CALL SIGN DSE  O.00	DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE 0.00	CALL SIGN	IFTEENTH  DSE	FILE COMMUNITY/ AREA  CALL SIGN  Total DSEs
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				TE FEES FOR EACH				
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Computation	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and			-					
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Exclusivit Surcharge								
for								
Partially							··· • ··· • · · · · · · · · · · · · · ·	
Distant								
Stations			-					
							<u></u>	
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		<b>^</b>						
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	0.00	\$ SUBSCRIBER GROUI	d Group WENTIETH	Base Rate Fee Secon TO COMMUNITY AREA	0.00	SUBSCRIBER GROU	oup NTEENTH	ase Rate Fee First Gi NII OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	d Group WENTIETH	Base Rate Fee Secon TO COMMUNITY AREA	0.00	SUBSCRIBER GROU	oup NTEENTH	ase Rate Fee First Gi NII OMMUNITY/ AREA
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	0.00	\$ SUBSCRIBER GROUI	d Group WENTIETH	Base Rate Fee Secon TO COMMUNITY AREA	0.00	SUBSCRIBER GROU	oup NTEENTH	Sase Rate Fee First Gr NII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI	d Group WENTIETH	Base Rate Fee Secon  TO COMMUNITY AREA  CALL SIGN	O.00	SUBSCRIBER GROU	oup NTEENTH	NII OMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROUI	DSE	Base Rate Fee Secon  TOUR COMMUNITY AREA  CALL SIGN  TOTAL DSES	0.00  DSE  0.00	SUBSCRIBER GROU	DSE	ASE RATE FEE FIRST GI
	0.00	\$ SUBSCRIBER GROUI	DSE	Base Rate Fee Secon  TO COMMUNITY AREA  CALL SIGN	O.00	SUBSCRIBER GROU	DSE	Sase Rate Fee First Gr NII COMMUNITY/ AREA
	0.00	SUBSCRIBER GROUI	DSE	Base Rate Fee Secon  TOUR COMMUNITY AREA  CALL SIGN  TOTAL DSES	0.00  DSE  0.00	CALL SIGN	DSE	CALL SIGN  Cotal DSEs

8 Name								
9		SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GRO	NTY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate Exclusivit								
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-	<u> </u>							
-	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
-   -   1		\$	nd Group		0.00	\$	Group	Gross Receipts First G
- - ]		\$			0.00	\$	·	Gross Receipts First G Base Rate Fee First G
-   -   ] 	0.00	\$	nd Group	Gross Receipts Secondary Base Rate Fee Secondary	0.00		Group	Base Rate Fee First G
- = -	0.00		nd Group	Gross Receipts Secondary Base Rate Fee Secondary	0.00	\$ SUBSCRIBER GRO	Group	Base Rate Fee First G
- = -	0.00 0.00	\$	nd Group	Gross Receipts Secondary  Base Rate Fee Secondary  TWEN	<b>0.00</b>		Group	Base Rate Fee First G
- = -	0.00 0.00	\$	nd Group	Gross Receipts Secondary  Base Rate Fee Secondary  TWEN	<b>0.00</b>		Group	Base Rate Fee First G
- = -	0.00 0.00	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Secondary  Base Rate Fee Secondary  TWENT	0.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN
- = -	0.00 0.00	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Secondary  Base Rate Fee Secondary  TWENT	0.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN
- = -	0.00 0.00	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Secondary  Base Rate Fee Secondary  TWENT	0.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN
- = -	0.00 0.00	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Secondary  Base Rate Fee Secondary  TWENT	0.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN
- = -	0.00 0.00	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Secondary  Base Rate Fee Secondary  TWENT	0.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN
- = -	0.00 0.00	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Secondary  Base Rate Fee Secondary  TWENT	0.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN
- = -	0.00 0.00	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Secondary  Base Rate Fee Secondary  TWENT	0.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN
- = -	0.00 0.00	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Secondary  Base Rate Fee Secondary  TWENT	0.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN
- = -	0.00 0.00	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Secondary  Base Rate Fee Secondary  TWENT	0.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN
- = -	0.00 0.00	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Secondary  Base Rate Fee Secondary  TWENT	0.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN
- = -	0.00 0.00	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Secondary  Base Rate Fee Secondary  TWENT	0.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN
- = -	0.00 0.00	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Secondary  Base Rate Fee Secondary  TWENT	0.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN
- - -	0.00  DSE	\$ SUBSCRIBER GROU	TY-FOURTH	Gross Receipts Second TWENT COMMUNITY/ AREA	O.00	SUBSCRIBER GRO	Group  NTY-THIRD	TWEN COMMUNITY/ AREA  CALL SIGN
- = -	0.00  DSE  0.00	\$ SUBSCRIBER GROU	DSE	Gross Receipts Second TWENT COMMUNITY/ AREA CALL SIGN	0.00  DSE  0.00	SUBSCRIBER GRO	DSE	TWEN COMMUNITY/ AREA  CALL SIGN  Total DSEs
- - -	0.00  DSE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Second TWENT COMMUNITY/ AREA	O.00	SUBSCRIBER GRO	DSE	TWEN COMMUNITY/ AREA  CALL SIGN
- = -	0.00  DSE  0.00	\$  SUBSCRIBER GROU  CALL SIGN	DSE	Gross Receipts Second TWENT COMMUNITY/ AREA CALL SIGN	0.00  DSE  0.00	CALL SIGN	DSE	TWEN COMMUNITY/ AREA  CALL SIGN  Total DSEs

8 Name				TE EEEO EOO EAO				
						COMPUTATION O		
9	R GROUP 0	SUBSCRIBER GROU	NTY-SIXTH			SUBSCRIBER GRO	ITY-FIFTH	
Computation	H SUBSCRIBER GROUP  0		COMMUNITY/ AREA	0			OMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate								
Exclusivit Surcharge								
for								
Partially						_		
Distant								
Stations								
	0.00			Total DSEs	0.00			otal DSEs
_	0.00			· otal BOLO				
-	_	\$	nd Group		0.00	\$	roun	iross Receints First Gr
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	ross Receipts First Gr
:     	_	\$ \$	·		0.00	\$ \$	·	iross Receipts First Gr
- - ] =	0.00		nd Group	Gross Receipts Seco  Base Rate Fee Seco	0.00	\$ \$ SUBSCRIBER GRO	roup	a <b>se Rate Fee</b> First Gr
	0.00	\$	nd Group	Gross Receipts Seco  Base Rate Fee Seco	0.00		roup	a <b>se Rate Fee</b> First Gr
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 0.00	\$	nd Group	Gross Receipts Seco  Base Rate Fee Seco	<b>0.00</b>		roup	ase Rate Fee First Gr
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 P 0 DSE	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA  CALL SIGN	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA  CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU	DSE	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  DSE  0.00	SUBSCRIBER GRO	DSE	TWENTY-S COMMUNITY/ AREA  CALL SIGN  otal DSEs
	0.00 P 0 DSE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA  CALL SIGN	0.00	SUBSCRIBER GRO	DSE	TWENTY-SOMMUNITY/ AREA  CALL SIGN
	0.00 P	\$  SUBSCRIBER GROU  CALL SIGN	DSE	Gross Receipts Seco  Base Rate Fee Seco  TWEN  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  DSE  0.00	CALL SIGN	DSE	TWENTY-S COMMUNITY/ AREA  CALL SIGN  otal DSEs

CABLE ONE, INC	•						006418	Name
				TE FEES FOR EAC				
	NTY-NINTH	SUBSCRIBER GROU				I SUBSCRIBER GRO	ER GROUP  0	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA		0	Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
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								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First C	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THI	RTY-FIRST	SUBSCRIBER GROU	JP	THIR	RTY-SECOND	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			····					
Γotal DSEs			0.00	Total DSEs			0.00	
	_							
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	πn Group	\$	0.00	
Raco Pato Eco Third	Group	<b>\$</b>	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee Third	O.Oup	<u> </u>	0.00					
Jase Rate Fee Third								
		e fees for each subsc		as shown in the boxes				

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:					906418 006418	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			O Computation of	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	_
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
	- up							
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GROU	JP	ТНІ	RTY-SIXTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		_						
			<u></u>		<u></u>			
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroun	<u> </u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
C.000 Recoipts Tillu G	очр	<del>*</del>	<u> </u>	Toos Roseipis i outil	. 010up	*	<u> </u>	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
				<u> </u>				
			riber group	as shown in the boxes a	bove.	¢		
Enter here and in block	s, line 1, S	pace ∟ (page /)				\$		

				IE, INC.	•
RATE FEES FOR EACH SUBSCRIBER GROUP	TE FEES FOR EAC	F BASE RA	COMPUTATION C	BLOCK A:	
THIRTY-EIGHTH SUBSCRIBER GROUP	THI	UP	SUBSCRIBER GRO	THIRTY-SEVENTH	THIE
O COMMUNITY/ AREA O Compu	COMMUNITY/ AREA	0		// AREA	COMMUNITY/ AR
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Ra					
an an					
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Exclusion Surch					
fo					
Parti					
Dist					
Stati					
0_   Total DSEs	Total DSEs	0.00			Total DSEs
O Gross Receipts Second Group \$ 0.00	Gross Receipts Seco	0.00	\$	ts First Group	Gross Receipts Fi
¬					
O D D D D D D D D D D D D D D D D D D D	Base Rate Fee Seco				
Base Rate Fee Second Group \$ 0.00	2400 11410 1 00 000	0.00	\$	ee First Group	Base Rate Fee Fi
FORTIETH SUBSCRIBER GROUP	<b>2000 Maio 1 00</b> 000 0		SUBSCRIBER GRO		
FORTIETH SUBSCRIBER GROUP				THIRTY-NINTH	-
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	UP		THIRTY-NINTH	-
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	THIRTY-NINTH	COMMUNITY/ AR
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	THIRTY-NINTH	COMMUNITY/ AR
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	THIRTY-NINTH	COMMUNITY/ AR
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	THIRTY-NINTH	COMMUNITY/ AR
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	THIRTY-NINTH	COMMUNITY/ AR
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	THIRTY-NINTH	COMMUNITY/ AR
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	THIRTY-NINTH	COMMUNITY/ AR
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	THIRTY-NINTH	COMMUNITY/ AR
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	THIRTY-NINTH	COMMUNITY/ AR
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	THIRTY-NINTH	COMMUNITY/ AR
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	THIRTY-NINTH	COMMUNITY/ AR
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	THIRTY-NINTH	COMMUNITY/ AR
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CA	CALL SIGN	DSE	SUBSCRIBER GRO	THIRTY-NINTH	CALL SIGN
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  O  Total DSES  D.00	CALL SIGN  CALL SIGN  Total DSEs	DSE O.00	SUBSCRIBER GRO	THIRTY-NINTH // AREA  DSE	CALL SIGN  CALL SIGN  Total DSEs
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CA	CALL SIGN  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GRO	THIRTY-NINTH // AREA  DSE	COMMUNITY/ AR  CALL SIGN  Fotal DSEs
FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CA	COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Four	DSE O.00	CALL SIGN	THIRTY-NINTH  // AREA  DSE  DSE	COMMUNITY/ AR

CABLE ONE, INC	C.						006418	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC				
		SUBSCRIBER GRO		<b>†</b>		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	О. С. Б				она отоар			
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FC	ORTY-THIRD	SUBSCRIBER GRO	)UP	FO	RTY-FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	irth Group	<b>\$</b>	0.00	
		<u>.</u>	3.00			[*	0.00	
			scriber group	as shown in the boxe	s above.			
inter here and in bla	ck 3. line 1.	space L (page 7)				\$		

							006418	
				ATE FEES FOR EAC				
	₹TY-FIFTH	SUBSCRIBER GRO		TI TO THE PARTY OF		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
								and
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			<u></u>					
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EORTY	SEV/ENTH	SUBSCRIBER GRO	LID	FC	ADTY EIGHTH	SUBSCRIBER GROU	ID	
OMMUNITY/ AREA	SEVENIA	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ ARE		SUBSCRIBER GROU	0	
OWWOTT IT AREA				COMMONT IT ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	Name of the Control o			···	-			
							0.00	
			0.00	Total DSEs			0.00	
	<b>Froup</b>	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	Group	\$			rth Group	\$	_	
Total DSEs Gross Receipts Third C		\$ \$				\$	_	
ross Receipts Third (		\$ \$	0.00	Gross Receipts Fou			0.00	
ross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group		0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				SY	STEM ID# 006418	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR <sup>-</sup>	TY-NINTH	SUBSCRIBER GROU	JP		FIFTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
			<u> </u>				<del></del>	Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oun.	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Cross Receipts First Cr	очр	<u>*</u>	0.00	Gross Receipts Second	a Group	<u> </u>		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIF	TY-FIRST	SUBSCRIBER GROU	JP	FIFT	/-SECOND	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		
						<u> </u>		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				S\	O06418	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
FIF	TY-THIRD	SUBSCRIBER GROU	JP	FIFT	Y-FOURTH	SUBSCRIBER GROUP	P	•
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
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								Partially Distant
								Stations
								Stations
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIF	TY-FIFTH	SUBSCRIBER GROU	JP	FI	FTY-SIXTH	SUBSCRIBER GROUP	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			• • • •					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				••				
			riber group	as shown in the boxes a	bove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

Name								CABLE ONE, INC.
	ID	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	SUBSCRIBER GROU	T-EIGHTH .	COMMUNITY/ AREA	0	SUBSCRIBER GROC	DEVENITI	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						0.1220.0		
and								
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	0.00			Tatal DOEs	0.00			. I. J. DOE.
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	IP	SUBSCRIBER GROU	SIXTIETH		IP	SUBSCRIBER GROU	Y-NINTH	FIFT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
		<b>6</b>	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr
	0.00	\$	O. Gup					

CABLE ONE, INC		E SYSTEM:				S	006418	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA		SUBSCRIBER GROUP  CALL SIGN  DSE  O.00  \$ 0.00  \$ 0.000  SUBSCRIBER GROUP  CALL SIGN  DSE	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
		_				_	_	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
S	SIXTY-THIRD	SUBSCRIBER GRO		SIX	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

Name								
				TE FEES FOR EACH				
9	<b>0</b>	SUBSCRIBER GROU	XIY-SIXIH	SI COMMUNITY/ AREA	0 0	SUBSCRIBER GROU	ı Y-FIF I H	SIX COMMUNITY/ AREA
Computa								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and Syndicat								
Exclusiv								
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for								
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Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
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Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	302	G. 1.22 G. G. 1		- C/ (12 G/C/)	202	07.22 0.011	202	0.122 0.011
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	Р	SUBSCRIBER GROU	/-SECOND	SEVENT	IP	SUBSCRIBER GROU	ΓY-FIRST	SEVEN <sup>-</sup>
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			-			-		
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006418 Name							
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9	SUBSCRIBER GROUP	Y-FOURTH			SUBSCRIBER GROU	TY-THIRD	
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LEGAL NAME OF OWN							006418	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		<del>                                      </del>		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	пат Стоир	\$	0.00	
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				Ш				
Base Rate Fee: Add	the <b>base rat</b>	te fees for each subs	scriber group	as shown in the boxe	s above.			

CABLE ONE, INC	C.						006418	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
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ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIC	SHTY-THIRD	SUBSCRIBER GRO	DUP	EIG	HTY-FOURTH	SUBSCRIBER GRO	UP	
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Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
	r	Ľ	3.00		1	L*	2.34	
			scriber group	as shown in the boxes	s above.			
Enter here and in blo	OCK 3, IINE 1,	space L (page /)				\$		

8 Name	006418							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTY-SIXTH			SUBSCRIBER GROU	ITY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00  DSE  0.00	SUBSCRIBER GROU	d Group  TY-EIGHTH  DSE	Base Rate Fee Second EIGH COMMUNITY/ AREA CALL SIGN	0.00  DSE  0.00	SUBSCRIBER GROU	DSE	EIGHTY-S COMMUNITY/ AREA  CALL SIGN  Total DSEs
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	0.00  DSE  0.00	SUBSCRIBER GROU	d Group  ΓΥ-ΕΙGΗΤΗ  DSE  Group	Base Rate Fee Second EIGH COMMUNITY/ AREA CALL SIGN	0.00  DSE  0.00	CALL SIGN	DSE	EIGHTY-S COMMUNITY/ AREA  CALL SIGN  Total DSEs

CABLE ONE, INC		E SYSTEM:				S	006418	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		COMMUNITY/ A D.C.		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
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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	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  NINETY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE	9
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	9
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NINETY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA	
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				ATE FEES FOR EAC				
		I SUBSCRIBER GRO		1		SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computation
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	•				•	·		
ase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NI	NETY-NINTH	SUBSCRIBER GRO	DUP	ONE	HUNDREDTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
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			scriber group	as shown in the boxes	s above.	¢		
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Computate of Base Rate and Syndicate Exclusive Surchard for Partially Distante Station.	0	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH				Bl
Computat     of     Base Rate     and     Syndicat     Exclusiv     Surchard     for     Partiall	0	SUBSCRIBER GROU	SECOND					
Computat     of     Base Rate     and     Syndicat     Exclusiv     Surchard     for     Partiall				<u>0</u>	SUBSCRIBER GROL	ED FIRST		
of Base Rate and Syndicat Exclusiv Surchare for Partiall				COMMUNITY/ AREA	U			COMMUNITY/ AREA
and Syndicat Exclusiv Surchard for Partiall	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	JP	SUBSCRIBER GROU	FOURTH	ONE HUNDRE	IP	SUBSCRIBER GROL	D THIRD	ONE HUNDRE
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LEGAL NAME OF OWN		LE OTOTEIVI.					006418	Name
				TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUND	RED FIFTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDREI	) SEVENTH	I SUBSCRIBER GRO	OUP	ONE HUND	RED EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
Base Rate Fee: Add	the <b>base ra</b>	te fees for each subs	criber group	as shown in the boxes	s above.			
nter here and in blo			- '			\$		

CABLE ONE, INC.	OF CABLE	E SYSTEM:	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  006418									
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP						
ONE HUNDRE	D NINTH	SUBSCRIBER GROU	Р	ONE HUNDR	ED TENTH	SUBSCRIBER GROUP	)	0				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of				
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Total DSEs			0.00	Total DSEs			0.00					
Gross Receipts First Gro	nun	<b>¢</b>	0.00	Gross Receipts Second	d Group	\$	0.00					
Cross receipts i list on	эчр	Ψ	0.00	Gross Receipts eccorn	а Отоар	Ψ						
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00					
ONE HUNDRED EL	.EVENTH	SUBSCRIBER GROU	P	ONE HUNDRED	TWELVTH	SUBSCRIBER GROUP	)					
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
							<u> </u>					
Total DSEs			0.00	Total DSEs			0.00					
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00					
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00					
							_					
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$						

LEGAL NAME OF OWNER  CABLE ONE, INC.	R OF CABLI	E SYSTEM:					O06418	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FOL	JRTEENTH	SUBSCRIBER GROU	P	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
***************************************								for
								Partially Distant
					<u></u>			Stations
						H		Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oun.	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Cross recorpts rilist Cr	оцр	<u> </u>	0.00	Cross receipts eccorr	a Group	<u> </u>	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED S	IXTEENTH	SUBSCRIBER GROUI	Þ	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_			<u> </u>			
					<u> </u>			
					<u> </u>			
					<u> </u>			
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

		E SYSTEM:		LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006418									
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP							
ONE HUNDRED SEV	'ENTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GROU	JP	0					
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of					
								Base Rate F					
								and					
								Syndicated					
								Exclusivity Surcharge					
								for					
								Partially					
								Distant					
								Stations					
otal DSEs			0.00	Total DSEs			0.00						
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00						
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00						
ONE HUNDRED	NINTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	I SUBSCRIBER GROU	JP						
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
otal DSEs			0.00	Total DSEs			0.00						
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00						
					- <del></del> -								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00						
				Ш									
Sase Rate Fee: Add	the hase re	te fees for each subse	criber aroun	as shown in the boxes	above								

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:					006418	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED T	WENTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED TWE	NTY-SECONE	SUBSCRIBER GROUP	)	9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec				
ase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TV	WENTY-THIRD	SUBSCRIBER GROUP	<b>&gt;</b>	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP	)	
OMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs	•	··	0.00	Total DSEs	<b>'</b>		0.00	
ross Receipts Thir	rd Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
. 500 Roooipio Tilli	ω Oισαρ	*		- C.	.a. Oloup	<del>*</del>		
ase Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				Ш				
ase Rate Fee: Add			criber group	as shown in the boxes	above.	\$		
	O, III O 1, 1	(Pago 1)				<b>T</b>		

	-	DED 000::5	OLIDOCE :	TE EEEO EOO = : :::	- DAGE = -	OOMBUTATION 5	0017	_ ·
		TE FEES FOR EACH SUBSCRIBER GROUP  ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP						BI ONE HUNDRED TWEN
9 Computa	0		COMMUNITY/ AREA	0	OCEDOCITEE TO THE OTHER PROPERTY.		COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv Surchar								
for								
Partiall								
Distan								
Station						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Fross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	ITY-EIGHTH :	ONE HUNDRED TWE		SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
	······		···					
	0.00			Total DSEs	0.00			otal DSEs
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	otal DSEs fross Receipts Third Gr

CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	906418 006418	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			_				_	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	iroun	¢	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		I4	0.00			<del>*</del>		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	oove.	\$		
		•						

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006418								
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIS	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIR	ΓΥ-FOURTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
							<u></u>	Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THII	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	_		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
,	•				,			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		

								CABLE ONE, INC.
				TE FEES FOR EACH	BASE RA			
9	0	SUBSCRIBER GROUP	COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED THIRTY- COMMUNITY/ AREA	
Computat of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv								
Surchare for								
Partiall								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	IP	SUBSCRIBER GROU	FORTIETH :	ONE HUNDRED		SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED THIR
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
	0.00			Total DSEs	0.00			otal DSEs
				Gross Receipts Fourth	0.00	\$		B
	0.00	\$	Group	O1033 Receipts 1 outil	0.00	<del>*</del>	oup	ross Receipts Third Gi

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006418								
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FOR	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						_		and
						_		Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs				Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FOR	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	ΓΥ-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
<b>D D</b>								
Enter here and in block			riber group	as shown in the boxes al	oove.	\$		

		BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF SUBSCRIBER GROUP		
9	0	SUBSCRIBER GROUP		COMMUNITY/ AREA	0	SUBSCRIBER GROUP	XII-FIFIII	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica			-					
Exclusiv			-					
Surchar for			-					
Partial							-	
Distan		_						
Station						-		
			-					
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Bross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	RTY-EIGHTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
			-					
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
				1				

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006418								
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FO	RTY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDR	RED FIFTIETH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs		•	0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00	
Gross Receipts First Group				Gross Receipts dec	ona Group	Ψ	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIR	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	- <del></del> r	L*	3.00			<u>[*</u>	0.00	
			criber group	as shown in the boxes	s above.			
Enter here and in blo	ck 3, line 1,	space L (page 7)				\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 006418	Name
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FIFTY	-FOURTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and Syndicated Exclusivity Surcharge for Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED FIF	ΓY-FIFTH	SUBSCRIBER GROU	<u>0</u>	ONE HUNDRED FIF	TY-SIXTH	SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	<u>\$</u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	oove.	\$		

				TE FEES FOR EACH	BASE RA				
9	0	SUBSCRIBER GROUP	TY-EIGHTH	COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FIFTY-	
Computa								99	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate			-						
and						-			
Syndica Exclusiv							_		
Surchar						-			
for									
Partial						-			
Distar									
Station									
	0.00			Total DSEs	0.00				
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr	
		SUBSCRIBER GROUP	D SIXTIETH :	ONE HUNDRE		SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED FIF	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	0.00			Total DSEs	0.00			otal DSEs	
				TOTAL DOES	0.00			olai DSES	
	_				0.00				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G	

LEGAL NAME OF OWNE		E SYSTEM:				S	006418	Name
	BLOCK A:	COMPUTATION O	BASE RA	ATE FEES FOR EACI	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECONE	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	LEWIS	TON		COMMUNITY/ AREA	CLARK	STON		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 1,054,132.50			,132.50	Gross Receipts Second Group \$ 124,887.57				
, , , , , , , , , , , , , , , , , , , ,	,	, , , , , , , , , , , , , , , , , , , ,	,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			······································					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
,	·				•			
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th	ne <b>hase r</b> at	e fees for each subsc	riber group	as shown in the boxes	above			
Enter here and in block			or group	as onewit in the boxes	VO.	\$	0.00	

LEGAL NAME OF OWI		E SYSTEM:	•			\$	006418	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		#		SUBSCRIBER GRO		9
COMMUNITY/ AREA	<u></u>		0	COMMUNITY/ AREA 0			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	DUP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

Name	YSTEM ID# 006418	S				E SYSTEM:	R OF CABLE	LEGAL NAME OF OWNER CABLE ONE, INC.
	D			TE FEES FOR EACH				BI
9	0	SUBSCRIBER GROU	TENTH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	NINTH	COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and Syndicated								
Exclusivity								
Surcharge								
for Partially								
Distant								
Stations								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	Р	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GROL	EVENTH	El
	<b></b>			COMMUNITY/ AREA	0		***************************************	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
		Ī		I	I	I		

CABLE ONE, INC.	R OF CABLE	E SYSTEM:	-			S	YSTEM ID# 006418	Name
				TE FEES FOR EACH				
	RTEENTH	SUBSCRIBER GROU			JRTEENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			<b>O</b>	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GROU	Р	S	IXTEENTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes al	oove.	\$		

CABLE ONE, INC		E SYSTEM:				S	006418	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		EIGHTEENTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			0.00				2.00	
Total DSEs				Total DSEs 0.00				
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		<del>  </del>		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i>A</i>		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						.		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW CABLE ONE, IN		E SYSTEM:	•			S	006418	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GROU	<b>0</b>	
COMMONT IT AIRE			<u> </u>	COMMONT IT AIRE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						.		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006418									
				ATE FEES FOR EAC					
		SUBSCRIBER GRO		<del>                                      </del>		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
					<u></u>			Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant Stations	
								Gtations	
Total DSEs			0.00	Total DSEs			0.00		
			0.00	Gross Receipts Sec	ond Group	\$	0.00		
Orosa Necelpia i list	Огоир	Ψ	0.00	Cross Receipts Sect	ona Group	Ψ	0.00		
Base Rate Fee First	Base Rate Fee First Group \$ 0.00			Base Rate Fee Sec	ond Group	\$	0.00		
		SUBSCRIBER GRO		Ħ		SUBSCRIBER GRO			
COMMUNITY/ AREA			0	COMMUNITY/ AREA0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006418									
				RATE FEES FOR EAC						
9		SUBSCRIBER GROU	THIRTIETH			SUBSCRIBER GRO	TY-NINTH			
Computati	0			COMMUNITY/ AREA	0		***************************************	COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate										
and										
Syndicate Exclusivi			<u></u>							
Surcharg										
for										
Partially										
Distant Stations										
Otations										
				,,,,,,,						
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	d Group	-	0.00					
		<u>*</u>	la Group	-		<u>*</u>	оир	orosa recocipio i ilot Ci		
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	oup	Base Rate Fee First G		
		SUBSCRIBER GROU	Y-SECOND	ii e	UP <b>0</b>	SUBSCRIBER GRO	TY-FIRST			
	O_	COMMUNITY/ AREA 0						COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
			<u></u>				···			
						1				
	0.00			Total DSEs	0.00			Fotal DSFs		
	0.00		Group	<del>-</del>	0.00					
	0.00	\$	i Group	<del>-</del>	0.00	\$	roup	Total DSEs Gross Receipts Third G		

LEGAL NAME OF OWI		E SYSTEM:	•			\$	006418	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA	······································		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Sase Rate Fee First Group \$ 0.00			Base Rate Fee Sec	ond Group	\$	0.00	
Th	HIRTY-FIFTH	SUBSCRIBER GRO	UP	Т	HIRTY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00  0.00	CALL SIGN		CALL SIGN		COMPUTATION C SUBSCRIBER GRC		
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00  0up \$ 0.00  RTIETH SUBSCRIBER GROUP		DSE	CALL SIGN		CALL SIGN	DSE	
SE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  Oup \$ 0.00  RTIETH SUBSCRIBER GROUP		DSE		DSE	CALL SIGN	DSE	CALL SIGN
and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  Oup \$ 0.00  RTIETH SUBSCRIBER GROUP	\$						
Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  Oup \$ 0.00  RTIETH SUBSCRIBER GROUP	\$						
Surcharge for Partially Distant Stations  O.00  Oup \$ 0.00  RTIETH SUBSCRIBER GROUP	\$						
for Partially Distant Stations  O.00  Oup \$ 0.00  ATIETH SUBSCRIBER GROUP	\$						
Distant Stations  O.00  Oup \$ 0.00  Oup \$ 0.00  RTIETH SUBSCRIBER GROUP	\$						
	\$						
	\$						
oup \$ 0.00  oup \$ 0.00  RTIETH SUBSCRIBER GROUP	\$						
oup \$ 0.00  oup \$ 0.00  RTIETH SUBSCRIBER GROUP	\$						
oup \$ 0.00 oup \$ 0.00  RTIETH SUBSCRIBER GROUP	\$						
oup \$ 0.00 oup \$ 0.00  RTIETH SUBSCRIBER GROUP	\$						
oup \$ 0.00 oup \$ 0.00  RTIETH SUBSCRIBER GROUP	<b>\$</b>						
oup \$ 0.00  RTIETH SUBSCRIBER GROUP	\$		Total DSEs	0.00			Total DSEs
RTIETH SUBSCRIBER GROUP		nd Group	Gross Receipts Seco	0.00	Gross Receipts First Group \$ 0.00		
	\$	nd Group	Base Rate Fee Seco	0.00	\$	oup	Base Rate Fee First Gr
U	I SUBSCRIBER GROU	FORTIETH		JP <b>0</b>	SUBSCRIBER GRO	TY-NINTH	
	COMMUNITY/ AREA 0						COMMUNITY/ AREA
SE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-	
0.00			Total DSEs	0.00			Total DSEs
up <u>\$</u> <b>0.00</b>	\$	h Group	Gross Receipts Four	0.00	\$	roup	Gross Receipts Third G
up <b>\$ 0.00</b>	\$	n Group	Base Rate Fee Four	0.00	\$	roup	Base Rate Fee Third G

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006418									
				TE FEES FOR EAC					
		SUBSCRIBER GRO		<del>                                      </del>		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First	Base Rate Fee First Group \$ 0.00			Base Rate Fee Sec	ond Group	\$	0.00		
FC	RTY-THIRD	SUBSCRIBER GRO	DUP	FOF	RTY-FOURTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006418									
				TE FEES FOR EAC					
		SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity Surcharge	
								for	
								Partially	
								Distant	
								Stations	
			<u></u>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First	Base Rate Fee First Group \$ 0.00			Base Rate Fee Seco	ond Group	\$	0.00		
FORT	Y-SEVENTH	SUBSCRIBER GRO		FO	RTY-EIGHTH	SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006418									
				ATE FEES FOR EACH					
		SUBSCRIBER GROL		COMMUNITY (ASSE	FIFTIETH	SUBSCRIBER GROUP		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant Stations	
								Glations	
Total DSEs			0.00	Total DSEs			0.00		
			0.00		Gross Receipts Second Group \$ 0.00				
	·				•	·			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
		SUBSCRIBER GROL		Ħ	Y-SECOND	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		_				_			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
				<u> </u>					
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes at	bove.	s			
	J, iii io 1, d	- Lago 1)				<b>T</b>			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006418									
				ATE FEES FOR EACH					
FII COMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GROU	P <b>0</b>	FIFT' COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GROUP	0	9	
COMMONT IT AREA			<u> </u>	COMMONT I/ 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	
					<u></u>				
					<u> </u>				
			0.00				0.00		
			0.00	Total DSEs					
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
FI	FTY-FIFTH	SUBSCRIBER GROU	Р	FII	FTY-SIXTH	SUBSCRIBER GROUP	)		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		_				_			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
							$\neg \neg  $		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add t Enter here and in bloc			iber group	as shown in the boxes al	bove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006418									
				ATE FEES FOR EACH					
	SEVENTH	SUBSCRIBER GROU		Ħ	Y-EIGHTH	SUBSCRIBER GROUP		9	
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant Stations	
						_		Stations	
Total DSEs	•		0.00	Total DSEs	•		0.00		
Gross Receipts First Group \$ 0.00				Gross Receipts Second Group \$ 0.00					
Gross Receipts First G	оцр	Ψ	0.00	Gross Neceiplis Second	a Group	Ψ	0.00		
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
FIF	TY-NINTH	SUBSCRIBER GROU	Р		SIXTIETH	SUBSCRIBER GROUP	)		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						_			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Rase Pate Foot Add th	a hasa rat	a foos for each subse	ihar araus	as shown in the boxes at	oove				
Enter here and in block			ibei gioup	as shown in the boxes at	vG.	\$			