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							
	\$						
	ALLOCATION NUMBER						
2-28-20							

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	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.											
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC.											
				00643720192								
				006437 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: 204 WEST ALAMEDA ROAD (Number, street, rural route, apartment, or suite number) POCATELLO, ID 83201 (City, town, state, zip code)											
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and i	relist on page 1b								
Area Served	with all communities. CITY OR TOWN	STATE										
First	POCATELLO	ID										
Community	Below is a sample for reporting communities if you report multiple ch		Space G.									
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#								
Sample	Alda	MD	A	1								
Jap.10	Alliance	MD	В	2								
	Gering	MD	В	3								

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			SYSTEM ID# 006437							
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 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-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber gro		•							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
POCATELLO	ID	AA		First						
AMERICAN FALLS BANNOCK COUNTY	ID ID	AA AA		Community						
BANNOCK COUNTY CHUBBUCK	ID ID	AA AA								
INKOM	طا ID	AA AA								
		2.0.1		See instructions for						
				additional information						
				on alphabetization.						
				Add rows as necessary.						

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

006437

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.

BLO	OCK 1			BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS		NATE	H	CATEGORT OF SERVICE	SUBSCRIBERS	RAIL	
Service to first set	2,595	\$	40.00					
 Service to additional set(s) 								
 FM radio (if separate rate) 		<u>.</u>						
Motel, hotel								
Commercial								
Converter								
 Residential 								
 Non-residential 								
						I	1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2					
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	17.00	Motel, hotel			EXPANDED BASIC	\$ 44.00
 Pay cable—add'l channel 			Commercial			HD CONVERTER	\$ 5.00
 Fire protection 			• Pay cable				
Burglar protection			 Pay cable-add'l channel 				
Installation: Residential			Fire protection				
First set	\$	90.00	Burglar protection				
Additional set(s)	\$	30.00	Other services:				
 FM radio (if separate rate) 			• Reconnect				
 Converter 	\$	5.00	Disconnect				
			Outlet relocation	\$	30.00		
			Move to new address	\$	60.00		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006437 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** (Yes or No) **CARRIAGE** OF **NUMBER STATION** (If Distant) KIDK IDAHO FALLS, ID 36 Ν No KIFI-DT1 8 N-M No IDAHO FALLS, ID See instructions for additional information KIFI-DT2 8 I-M No **IDAHO FALLS, ID** on alphabetization. KIFI-DT3 8 **IDAHO FALLS, ID** I-M No KIFI-DT4 8 I-M No IDAHO FALLS, ID 17 POCATELLO, ID KISU-DT1 E-M No KISU-DT2 17 E-M No POCATELLO, ID POCATELLO, ID KISU-DT3 17 E-M No KISU-DT4 17 E-M POCATELLO, ID No **KPIF** 15 I No POCATELLO, ID POCATELLO, ID **KPVI** 23 Ν No 23 POCATELLO. ID **KPVI-DT1** I-M No **KVUI** 31 ı No POCATELLO, ID **KXPI-LP** I 34 No POCATELLO, ID **KPVI-DT2** POCATELLO, ID 23 I-M No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006437 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 AB 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#	Name			
CABLE ONE, IN	NC.				006437	Name			
PRIMARY TRANSMITTERS: TELEVISION									
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections									
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.									
Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
			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 independent multi-	, .		, .	,	commercial educational multicast).				
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				
_				•	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				
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	channel line-up.				
		CHANN	EL LINE-UP	AC					
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	YSTEM:			SYSTEM ID#				
CABLE ONE, II	NC.				006437	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: Television			
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:									
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
station was carried	•		-4'	المحالية عالم عالم	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					e paper SA3 form. stating the basis on which your				
· ·			•	•	stating the basis on which your stering "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	AD					
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			
						•			
	l	I				Ī			

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name			
CABLE ONE, IN	NC.				006437	Name			
PRIMARY TRANSMITTERS: TELEVISION									
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections									
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.									
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
			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	•	•	•	channel line-up.				
	1	CHANN	EL LINE-UP	AE					
1. CALL		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#	Name			
CABLE ONE, IN	NC.				006437	Name			
PRIMARY TRANSMITTERS: TELEVISION									
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections									
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.									
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
	•		st it iii space i (ii	ie opeciai otatem	ient 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).			•	,	tion for broadcasting over-the-air in				
_			nannel 4 in Was	hington, D.C. This	s may be different from the channel				
	e in each case	whether the s			ependent station, or a noncommercial				
	•	•	, .	•	cast), "I" (for independent), "I-M"				
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				
_				•	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	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)					
	•								

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				006437	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 and (2) certain stations carried on a	G Primary		
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific ECC rules, regulations, or authorizations:								
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 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	ation. For example, report multi- ch stream separately; for example			
its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	annel 4 in Wasl	hington, D.C. This	tion for broadcasting over-the-air in a may be different from the channel			
educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local serv	entering the lecast), "E" (for nese terms, see ation is outside ice area, see p	etter "N" (for no oncommercian page (v) of the the local ser age (v) of the	etwork), "N-M" (al educational), o e general instru vice area, (i.e. " general instruct	(for network multion or "E-M" (for noncontions located in the distant"), enter "Y tions located in the	es". If not, enter "No". For an ex-			
carried the distant state For the retransmiss of a written agreement the cable system and	ion on a part-ti sion of a distan t entered into o a primary trans	me basis bec t multicast str n or before Ju mitter or an a	ause of lack of a eam that is not s une 30, 2009, be ssociation repre	activated channel subject to a royalt etween a cable sy esenting the prima	y payment because it is the subject stem or an association representing transmitter, enter the designa-			
explanation of these the Column 6: Give the	nree categories e location of ea Canadian static	, see page (vach station. Fons, if any, giv	of the general or U.S. stations, we the name of the	instructions locate list the communit he community with	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the handle which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AG				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#				
CABLE ONE, II	NC.				006437	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), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
Do not list the station	basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.								
 List the station here, basis. For further in 	 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. 								
each multicast stream cast stream as "WETA	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								
			-		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 n ese terms, see	noncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).				
	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				
	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	simulcasts, als	o enter "E". If	you carried the	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 had been had been the station is identifed. In channel line-up.				
		CHANN	EL LINE-UP	AH					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1			
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)					
				•					

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006437	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections	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 F0Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
 List the station here, basis. For further ir in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
Column 2: Give th	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel	
Column 3: Indicate educational station, by	e in each case of entering the le	whether the setter "N" (for n	etwork), "N-M" ((for network multic	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the Column 4: If the st planation of local services	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
Column 5: If you h	ave entered "Y he distant station	es" in column on during the	4, you must co	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system	
of a written agreement	t entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	y payment because it is the subject stem or an association representing ary transmitter, enter the designa-	
tion "E" (exempt). For explanation of these the	simulcasts, als ree categories	o enter "E". If , see page (v	you carried the) of the general	channel on any o	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	
	Canadian statio	ons, if any, giv	e the name of t	he community with	n which the station is identifed.	
		CHANN	EL LINE-UP	Al		
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	
				(2333)		
	I					

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006437	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 Stations: 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
basis under specifc F0Do not list the station station was carried	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 r ese terms, see	noncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
-	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	
	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	so enter "E". If s, 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	AJ		1
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION]
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)		
				•		

LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006437	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	only on a subs	titute basis.	. ,	·		
-	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).	(Z . Omnaioaot	oli camo mac	n be reperted in	Coldinii i (not cat	on our or overline	
			-		tion for broadcasting over-the-air in	
on which your cable sy			nannel 4 in Was	hington, D.C. This	s may be different from the channel	
			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	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	AK		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION]
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION	, ,	(If Distant)		
						1
						1
						1
						1

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006437 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006437 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 AM 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	NER OF CABLE S	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006437	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
•				•	and (2) certain stations carried on a	Primary
substitute program ba				e carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F(s carried by your	cable system on a substitute program	relevision
			st it in space I (th	ne Special Statem	nent and Program Log)—if the	
basis. For further in the paper SA3 for	and also in spanformation concorm.	ace I, if the sta cerning subst	itute basis static	ons, see page (v)	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).	a abannal num	bor the ECC	has assigned to	the television etc	tion for broadcasting over the air in	
			-		tion for broadcasting over-the-air in s may be different from the channel	
on which your cable sy	ystem carried t	he station.			•	
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi	cast), "E" (for r	oncommercia	al educational),	or "E-M" (for nonc	commercial educational multicast).	
For the meaning of the Column 4: If the st					the paper SA3 form. 'es". If not, enter "No". For an ex-	
planation of local serv	ice area, see p	age (v) of the	general instruc	tions located in th	e paper SA3 form.	
			•	•	stating the basis on which your ntering "LAC" if your cable system	
carried the distant stat		•	• • • • • • • • • • • • • • • • • • • •	•		
					ry payment because it is the subject	
•				•	stem or an association representing ary transmitter, enter the designa-	
` '			•	•	other basis, enter "O." For a further	
					ed in the paper SA3 form. ty to which the station is licensed by the	
					h which the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	n channel line-up.	
		CHANN	EL LINE-UP	AN		
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 006437 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.				006437	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections	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	
 List the station here, basis. For further ir in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
Column 2: Give th	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-	e in each case of entering the lecast), "E" (for n	whether the s etter "N" (for n oncommercia	etwork), "N-M" (al educational), d	(for network multion or "E-M" (for nonc	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast).	
planation of local serv	ation is outside ice area, see p	the local ser age (v) of the	vice area, (i.e. " general instruct	distant"), enter "Yo tions located in the	es". If not, enter "No". For an ex- e paper SA3 form.	
cable system carried t carried the distant stat	he distant stationion on a part-ti	on during the me basis bec	accounting peri ause of lack of a	od. Indicate by en activated channel	•	
of a written agreement	t entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	y payment because it is the subject stem or an association representing ary transmitter, enter the designa-	
explanation of these th	ree categories	, see page (v	of the general	instructions locate	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	
FCC. For Mexican or ONOte: If you are utilizing				•	n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AP		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006437 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 AQ 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 006437 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 AR 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.				006437	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television
basis under specifc F0Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
 List the station here, basis. For further ir in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the	e in each case of the each case of the each cast), "E" (for no ese terms, see that its outside each cation is outside	whether the setter "N" (for no oncommercial page (v) of the the local ser	etwork), "N-M" (al educational), o e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonc actions located in t distant"), enter "Y	es". If not, enter "No". For an ex-	
Column 5: If you h cable system carried t carried the distant state	ave entered "Y he distant station on a part-ti	es" in column on during the me basis bec	accounting perions of accounting perions of lack of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system	
the cable system and tion "E" (exempt). For	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	esenting the prima channel on any o	stem or an association representing try transmitter, enter the designa- ther 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 with	y to which the station is licensed by the had which the station is identifed. In channel line-up.	
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006437	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 Stations: 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
basis under specifc F0Do not list the station station was carried	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	
	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	AT		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)		
				•		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006437 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006437	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 981, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program bas	sis, as explaine	ed in the next	paragraph.	· / / / · / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television
basis under specifc F0 • Do not list the station	CC rules, regulant here in space	ations, or autl G—but do lis	norizations:		ent and Program Log)—if the	
	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	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 multi- ch stream separately; for example	
WETA-simulcast). Column 2: Give the	e channel num	ber the FCC I	has assigned to	the television sta	tion for broadcasting over-the-air in	
on which your cable sy Column 3: Indicate	ystem carried the in each case	ne station. whether the s	tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
(for independent multi- For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), d ne general instru	or "E-M" (for nonc ections located in t		
planation of local servi	ice area, see p	age (v) of the	general instruc	tions located in th	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your	
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	tering "LAC" if your cable system capacity. y payment because it is the subject	
of a written agreement the cable system and	t entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, be association repre	etween a cable sy esenting the prima	stem or an association representing ary transmitter, enter the designa-	
explanation of these th	ree categories	, see page (v) of the general	instructions locate	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 C Note: If you are utilizing				-	h which the station is identifed. n channel line-up.	
		CHANN	EL LINE-UP	AV		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006437 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 AW 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)

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 006437 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.	CABLE SYST	EM:				S	006437	Name
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a								
substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under sp	ecific present and former FO	CC rules, regu	ulations, or a	uthorizations	. For a further	Substitute
1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE					Carriage:
During the accounting per broadcast by a distant star	_	ır cable system	n carry, on a substitute bas	is, any nonn	etwork telev	sion progran		Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is	"Yes," you m	nust complet	e the progra	m	
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 gir Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every no distant state egulations, cation. Do not be distant state and as the state of the sta	attach addition nnetwork televion and that your authorization of use general BA Basketball: deast live, enterstation broader on's location (tlons, if any, the when your system of the program carrolisted program ons in effect design and the program on the program of the pr	rision program (substitute pour cable system substitute pour cable system substitute ins. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Pasting the substitute programe community to which the community with which the other carried the substitute or gram was carried by your fied by a system from 6:01:	program) that ed for the properal instruct r "basketball No." am. station is lic station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the left of forms of the station is the station is ide program.	t, during the ogramming of tions located." List specimensed by the entified). The numerals, and List the tine (28:30 p.m. styour system etter "P" if the	accounting f another sta in the paper fic program FCC or, in with the mon nes accurate should be was require e listed pro	ation r nth	
,		T DDOOD AND			EN SUBSTI	_	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN		5. MONTH AND DAY	RIAGE OCC 6. T FROM -	JRRED IMES – TO	FOR DELETION	
					_	_		
						——		
						.	"	
						— = = -		
					-	— ————————————————————————————————————	"	
					_			
					_			
					-			
					-	 	<u> </u>	
							"	
						_		
						_		
					-	_		
					-	_		
					_	_		
					_	_		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 006437 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	S	SYSTEM ID#	Name
CA	BLE ONE, INC.		006437	Name
Inst all a (as i	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmission ser	vice	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s)		7 440 00	
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 92 (Amount of gross rec	7,110.82 eipts)	
InstruConConIf yo fee tIf yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the arrom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.		e	L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line 1 of		
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line 2 in bloc	k	
	low. Irt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on 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	e is 1.064 percent of the		
	Line 2. Multiply the amount in line 1 by 0.01064			
	Enter the result here. This is your minimum fee.	•	9,864.46	
	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. X No—Leave block 3 below blank and control of the property of the	nn 4, you must check od?	n	
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	\$		
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
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	<u> </u>	9,864.46	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r	0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 1	0,589.46	form for submitting the
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the		additional fees.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 006437
	CABLE ONE, INC.	000437
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Ghaineis	Enter the total number of channels on which the cable system carried television broadcast stations	15
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	282
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364	4-6195
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
	PHOENIX, AZ 85012-2626 (City, town, state, zip)	
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013	
	CERTIFICATION (This statement 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 corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or	identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B.	cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	/s/ Raymond Storck	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box an button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting.	
	Typed 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#	Name
CABLE ONE, INC.	006437	Nume
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions purs	system for the basic m shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form.	al instructions in the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for sec made by satellite carriers to satellite dish owners?	condary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payr For an explanation of interest assessment, see page (viii) of the general instructions in the paper		Q
Line 1 Enter the amount of late payment or underpayment	Y	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays	
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	<u>-</u>	
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For fu contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	rther assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the C please list below the owner, address, first community served, accounting period, and ID number 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.

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
CABLE ONE, I	NC.							006437	Name
Instructions: Bloc	ck A must be comp	oleted.							_
• If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the									6
schedule. • If your answer if "No," complete blocks B and C below.									
BLOCK A: TELEVISION MARKETS									Computation of 3.75 Fee
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.									
X No—Complete blocks B and C below.									
BLOCK B: CARRIAGE OF PERMITTED DSEs									
Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)									
Column 2: BASIS OF PERMITTED CARRIAGE	BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to								
	 D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream. 								
Column 3:	Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)								
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the									
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve				-	
Line 3: Subtract (If zero, le				of DSEs subject 7 of this schedule		ate.		0.00	
Line 4: Enter gross receipts from space K (page 7) x 0.0375								375	Do any of the DSEs represent partially
Line 5: Multiply line 4 by 0.0375 and enter sum here									partially permited/ partially nonpermitted
Line 6: Enter total number of DSEs from line 3							X	<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)								0.00	<i>จ</i> เกอแนบแบกร.

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

Name	CABLE ONE, INC.								S	00643	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.										
					D (AND SUBSTITUTE BASIS				
	1. CALL SIGN	2. PRIOR DSE		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE	_
	***************************************	***************************************									

7 Computation of the	Instructions: Block A In block A: If your answer is If your answer is	ule.									
Syndicated			BLOCK	(A: MAJOR	ΤE	LEVISION MARKI	ET				
Exclusivity Surcharge	• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C. No—Proceed to part 8										
	BLOCK B: Ca	BLOCK C: Computation of Exempt DSEs									
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Was any station listed in block B of part 7 carried in any continuous nity served by the cable system prior to March 31, 1972? to former FCC rule 76.159)										
	Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.					Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.					
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN .	DSE	Ĭ 1
											10
			TOTAL DSEs	0.00			•	TOTAL DS	SEs	0.00	J

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 006437	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	927,110.82	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)	_	
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 006437	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROUI			SECOND	SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			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
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro					nd Group	\$	0.00	
Base Rate Fee First Gro	e Rate Fee First Group \$ 0.00				nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROUI			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	oup	<u>\$</u>	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block:			ber group a	as shown in the boxes al	bove.	\$	0.00	

				ATE FEES FOR EAC				
	FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		U	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	SYSTEM ID# 006437 BER GROUP SUBSCRIBER GROUP CALL SIGN DSE 0.00 \$ 0.00 \$ 0.00 CALL SIGN DSE CALL SIGN DSE 0.00 \$ 0.00 \$ 0.000 \$ 0.000 \$ 0.000 \$ 0.000 \$ 0.000 \$ 0.000 \$ 0.000 \$ 0.000 \$ 0.000 \$ 0.000 \$ 0.000 \$ 0.000	of	
								Base Rate
								and
								Syndicate
	<u></u>							Exclusivities Surcharg
								for
								Partially
								Distant
								Stations
		-						
tal DSEs 0.00				Total DSEs			0.00	
Gross Receipts First G	oss Receipts First Group \$ 0.00				ond Group	\$	0.00	
<u> </u>								
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	LID		EIGHTH	SUBSCRIBER GROU	ID	
COMMUNITY/ AREA	SEVENTI	30B3CKIBEK GKO	0	COMMUNITY/ ARE		30B3CKIBEK GROU		
70111111111111111111111111111111111111								
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
						-		
		-						
	<u></u>							
		1					······································	
			0.00	Total DSEs				
	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$		
Total DSEs Gross Receipts Third (3roup	\$			rth Group	\$		
		\$			·		0.00	
Gross Receipts Third (\$	0.00	Gross Receipts Fou	·		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group		0.00	

	D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH T				Bl	
9	0	SOBSCRIBER GROO		COMMUNITY/ AREA	0	SOBSCRIBER GROU	INIINIII	COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	SIGN DSE CALL SIGN CA			
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	Gross Receipts First Gro	
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro	
	Р	SUBSCRIBER GROU	TWELVTH		IP	SUBSCRIBER GROU	EVENTH	EL	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
				Total DSEs	0.00			atal DCFa	
	0.00			Total DOES	0.00			otal DSES	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup		
		\$ \$			0.00	\$ \$		Fotal DSEs Gross Receipts Third Gr Base Rate Fee Third Gr	

								<u> </u>
9		SUBSCRIBER GROU	JRTEENTH			SUBSCRIBER GROU	TEENTH	
Computa	U			COMMUNITY/ AREA	U			COMMUNITY/ AREA
of	DSE	O COMMUNITY/ AREA O DSE CALL SIGN DSE CALL SIGN DSE	THIRTEENTH SUBSCRIBER GROUP //UNITY/ AREA L SIGN DSE CALL SIGN OSE PROBLEM SIGN CALL SIGN PROBLEM SIGN 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	Gross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	IXTEENTH	S	IP	SUBSCRIBER GROU	TEENTH	FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
			-					
	0.00	•		Total DSFs	0.00		I.	otal DSEs
			_					
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				S'	006437	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		T T		SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	R GROUP 0 0 N DSE 0 0.000 0.000 0.000 R GROUP 0 0.000 N DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs	tal DSEs 0.00						0.00	
Gross Receipts First Gr	oss Receipts First Group \$ 0.00			Gross Receipts Secon	d Group	\$	0.00	
•	oss Receipts First Group \$ U.				•	·		
Base Rate Fee First Gr	se Rate Fee First Group \$ 0.00				d Group	\$	0.00	
NII	NTEENTH	SUBSCRIBER GROU	JP	T	WENTIETH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	0.00 0.00 DUP	
		_						
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	•	0.00	Gross Receipts Fourth	Group	•	0.00	
Cross Necelpla Hilla G	тоир	Ψ	0.00	TOTOSS NECEIPIS FOURTH	σισαρ	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	'	L			•	L·		
			riber group	as shown in the boxes a	oove.			
Enter here and in block	ತ, iine 1, s	space ∟ (page /)				\$		

9		SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GROU	TY-FIRST	
Computa	U			COMMUNITY AREA	<u> </u>		***************************************	COMMUNITY AREA
of	Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 TWENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE TOTAL DSES 0.00	DSE	TWENTY-FIRST SUBSCRIBER GROUP IUNITY/ AREA SIGN DSE CALL SIGN CALL SIGN SES SES Receipts First Group TWENTY-THIRD SUBSCRIBER GROUP IUNITY/ AREA					
Base Rate								
and								
Syndicat								
Exclusiv								
Surchar for			<mark></mark>					
Partiall								
Distan								
Station								
			<u></u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group		0.00	s	auc	iross Receipts First Gr
			а отоар	Cross Resempts Coom			Зар	rood recorpto i not on
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-FOURTH	TWENT	IP	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<u></u>					
			<u> </u>					
			<u></u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
		i		l I		1		

9	0	SUBSCRIBER GROU	NTY-SIXTH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-FIFTH	TWEN		
Computa		T			T 505	BLOCK A: COMPUTATION OF BAST TWENTY-FIFTH SUBSCRIBER GROUP NITY/ AREA SIGN DSE CALL SIGN ES 0 Acceipts First Group \$ 0 TWENTY-SEVENTH SUBSCRIBER GROUP NITY/ AREA				
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	BLOCK A: TWENTY-FIFTH DMMUNITY/ AREA CALL SIGN DSE tal DSEs DSS Receipts First Group TWENTY-SEVENTH DMMUNITY/ AREA			
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	ross Receipts First Gr		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro		
	Р	SUBSCRIBER GROU	Y-EIGHTH	TWEN	IP	SUBSCRIBER GROU	EVENTH	TWENTY-S		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
							-			
			-							
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	¢	Group	Gross Receipts Fourth	0.00	•	oup.	ross Receipts Third G		
	<u> </u>	\$	Oloup	Neceipia Foultii	<u> </u>	<u>*</u>	Jup	1000 Necelpio Tillia Gi		
		i		11		I				

LEGAL NAME OF OWNER OF CAB CABLE ONE, INC.	SLE SYSTEM:				S	O06437	Name
BLOCK A	: COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
TWENTY-NINT	H SUBSCRIBER GROU	JP	-	THIRTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DUP BER GROUP O O O O O O O O O O O O O O O O O O	of
							Base Rate Fee
							and
					_		Syndicated
					_		Exclusivity
							Surcharge
							for Partially
				<u> </u>			Distant
				<u> </u>			Stations

tal DSEs 0.00			Total DSEs			0.00	
Gross Receipts First Group	oss Receipts First Group \$ 0.00			d Group	\$	0.00	
Base Rate Fee First Group	se Rate Fee First Group \$ 0.00				\$	0.00	
THIRTY-FIRS	T SUBSCRIBER GROU	JP	THIRT	Y-SECOND	SUBSCRIBER GROU	P	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				<u> </u>			
				<u> </u>			
				<u> </u>			
Total DSEs		0.00	Total DSEs	-		0.00	
Gross Receipts Third Group	<u> </u>	0.00	Gross Receipts Fourth	Group	<u> </u>	0.00	
	· ·			- · P			
Base Rate Fee Third Group							
1	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	906437	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	I SUBSCRI	BER GROUP		
THIR	TY-THIRD	SUBSCRIBER GRO	JP	THIRT	Y-FOURTH	SUBSCRIBER GROU	JP	•
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
	<mark></mark>							Syndicated
						_		Exclusivity
	. <mark>.</mark>							Surcharge
								for
								Partially Distant
								Stations
						—		0.00.00
Total DSEs	tal DSEs						0.00	
Gross Receipts First Gr	ss Receipts First Group \$ 0.00			Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	use Rate Fee First Group \$ 0.00				nd Group	\$	0.00	
TUID	TV FIETU	SUBSCRIBER GRO	ID	TUI	IDTV CIVTU	SUBSCRIBER GROU	ID.	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		SUBSCRIBER GROC	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
Total DSEs	1		0.00	Total DSEs			0.00	
	**				Ores	•	_	
Gross Receipts Third G	roup	a	0.00	Gross Receipts Fourth	ı Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	98TEM ID# 006437	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		<u>-</u>
THIRTY-	SEVENTH	SUBSCRIBER GROU	JP	THIR	TY-EIGHTH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	R GROUP BSCRIBER GROUP CALL SIGN DSE O.00 O.00 O.00 D.00 DSCRIBER GROUP O.00 O.00 O.00	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
						_		
Total DSEs			0.00	Total DSEs			0.00	
	tal DSEs 0.00 oss Receipts First Group \$ 0.00							
Gross Receipts First G	ross Receipts First Group \$			Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	se Rate Fee First Group \$ 0.00				d Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GROU	JP		FORTIETH	SUBSCRIBER GROU	Р	
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	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	I'	L'			F	<u>L'</u>	3.00	
Rase Pate Fee: Add th	a haca rat	e fees for each subsc	riher arous	as shown in the boxes a	hove			
Enter here and in block			nibei gioup	as shown in the buxes a	DUVE.	\$		
						•		

CABLE ONE, IN	C.						006437	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA	<u></u>		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
pss 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	
FC	ORTY-THIRD	SUBSCRIBER GRO)UP	FO	RTY-FOURTH	SUBSCRIBER GRO	JP	
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	ırth Group	\$	0.00	
ase Rate Fee Third	d Group	e e	0.00	Base Rate Fee Fou	irth Group	¢	0.00	
ASC NAIG FEE HIII	, Group	Ψ	0.00		nai Oloup	\$	0.00	
			criber group	as shown in the boxe	s above.			
-	ok 2 ling 1	space L (page 7)				\$		

	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
9		SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GRO	rTY-FIFTH	
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								
Surcharg								
for								
Partially								
Distant								
Stations								
	0.00			Total DSEs	0.00			otal DSEs
								5
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Bross Receipts First Gr
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	iross Receipts First Gr
	0.00	\$	·	Gross Receipts Secon Base Rate Fee Secon		\$		Gross Receipts First Gr Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	Base Rate Fee First Gr
=	0.00		d Group	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GROU	roup	Base Rate Fee First Gr
<u>-</u>	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	Base Rate Fee First Gr
-	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	Base Rate Fee First Gr
= = = = = = = = = = = = = = = = = = =	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
= - -	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
-	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	O.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	SEVENTH	FORTY-SCOMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group TY-EIGHTH DSE	FOR COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	SUBSCRIBER GRO	DSE	FORTY-S COMMUNITY/ AREA CALL SIGN Total DSEs
	O.00	\$ SUBSCRIBER GROU	d Group TY-EIGHTH DSE	Base Rate Fee Secon FOR COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	FORTY-SCOMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU CALL SIGN	d Group TY-EIGHTH DSE	FOR COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	CALL SIGN	DSE	FORTY-S COMMUNITY/ AREA CALL SIGN Total DSEs

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate and	LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 006437	Name
COMMUNITY / AREA OSE CALL SIGN DSE CAL	В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
CALL SIGN DSE CALL SIGN	FOR ⁻	TY-NINTH	SUBSCRIBER GROU	IP		FIFTIETH	SUBSCRIBER GROUP)	•
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
and Syndicate Exclusiving Total DSEs FIFTY-FIRST SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	-
Syndicate Exclusivity Surcharge Surch									Base Rate Fee
									and
Surcharg for Partially Distant Stations Surcharg for Surcharg Surcharg for Surcharg Surcharg Surcharg For Surcharg Surcharg For Surcha									Syndicated
FIFTY-FIRST SUBSCRIBER GROUP CALL SIGN DSE									Exclusivity
Partially Distant Stations Total DSEs									Surcharge
Total DSEs Total									
Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group FIFTY-FIRST SUBSCRIBER GROUP COMMUNITY/AREA O CALL SIGN DSE CALL									
Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group FIFTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA OCMMUNITY/ AREA OCMMUNI									
Gross Receipts First Group Base Rate Fee First Group FIFTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL			-						
Gross Receipts First Group S									
Gross Receipts First Group Base Rate Fee First Group FIFTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Gross Receipts First Group Base Rate Fee First Group FIFTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Gross Receipts First Group S									
Gross Receipts First Group Base Rate Fee First Group FIFTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Base Rate Fee First Group FIFTY-FIRST SUBSCRIBER GROUP COMMUNITY/AREA 0 CALL SIGN DSE CA	Total DSEs			0.00	Total DSEs			0.00	
FIFTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE	Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
FIFTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE									
COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DS	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
CALL SIGN DSE CA	FIF	TY-FIRST	SUBSCRIBER GROU			Y-SECOND	SUBSCRIBER GROUP		
Total DSEs O.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Total DSEs			0.00	Total DSEs			0.00	
		roup	•	0 00	Gross Receipts Fourth	Group	<u> </u>	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Cioss Receipts Tilliu G	тоир	*	<u> </u>	Toos Receipts Fourth	Οισαρ	Ψ		
Sign Si	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
''					••				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$\$\$				riber group	as shown in the boxes al	oove.	\$		

Name			-	TE EEES EOD EACH	- DAOE DA			
				TE FEES FOR EACH SUBSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP				
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computat	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi Surcharç								
for								
Partially							-	
Distant								
Stations								
j								
nd								
_								
	0.00			Total DSEs	0.00			otal DSEs
	0.00							
	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	roup	ross Receipts First G
	_	\$	nd Group		0.00	\$	roup	ross Receipts First G
	_	\$	·			\$ \$	·	·
=	0.00	\$	nd Group	Gross Receipts Secon	0.00		roup	ase Rate Fee First G
	0.00 0.00		nd Group	Gross Receipts Secon	0.00	\$ SUBSCRIBER GRO	roup	ase Rate Fee First G
-	0.00	\$	nd Group	Gross Receipts Secon	0.00		roup	ase Rate Fee First G
-	0.00 0.00	\$	nd Group	Gross Receipts Secon	0.00		roup	ase Rate Fee First G FIF OMMUNITY/ AREA
- -	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	ase Rate Fee First G FIF OMMUNITY/ AREA
-	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	ase Rate Fee First G FIF OMMUNITY/ AREA
-	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	ase Rate Fee First G FIF OMMUNITY/ AREA
-	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	ase Rate Fee First G FIF OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	ase Rate Fee First G FIF OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	ase Rate Fee First G FIF OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	ase Rate Fee First G FIF OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	ase Rate Fee First G FIF OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	ase Rate Fee First G FIF OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	ase Rate Fee First G FIF OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	ase Rate Fee First Grown Gross Receipts First Grown Gr
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	ase Rate Fee First G FIF OMMUNITY/ AREA
	0.00 P 0 DSE	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	roup TY-FIFTH	FIFOMMUNITY/ AREA CALL SIGN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon F COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup TY-FIFTH	FIFOMMUNITY/ AREA CALL SIGN
	0.00 P 0 DSE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	FIFOMMUNITY/ AREA CALL SIGN cotal DSEs
	0.00 P 0.00 O.00	SUBSCRIBER GROU	DSE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	CALL SIGN	DSE	ase Rate Fee First G FIF OMMUNITY/ AREA

		DED 000115	01.10.000	TE EEEO EOO =	- D 4 6 = - :	OOMBUT TOTAL		
	ID	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	SUBSCRIBER GROU	I I - EIGH I H	COMMUNITY/ AREA	0	SUBSCRIBER GROC	-SEVENTH	COMMUNITY/ AREA
Comput	Dec	CALL SIGN	l Dee - I	CALL SICN	T Dee	CALLSION	I DOE I	CALL SICN
of Base Ra	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and			····			-		
Syndica								
Exclusi								
Surcha								
for								
Partia								
Dista								
Statio								
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	3roup	ross Receipts First G
			·				·	·
	0.00	\$	10					
	0.00		a Group	Base Rate Fee Secon	0.00	\$	3roup	ase Rate Fee First G
			·	Base Rate Fee Secon		\$		
	JP	SUBSCRIBER GROU	·		JP	\$UBSCRIBER GROU		FIF
			·	COMMUNITY/ AREA				FIF
	JP		·		JP			FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTY-NINTH	FIF
	DSE	SUBSCRIBER GROU	SIXTIETH	CALL SIGN	JP O DSE	SUBSCRIBER GROU	FTY-NINTH	FIF OMMUNITY/ AREA CALL SIGN
	DSE O.00	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	DSE O.00	SUBSCRIBER GROU	FTY-NINTH	FIF OMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	CALL SIGN	JP O DSE	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs
	DSE O.00	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
	DSE O.00	CALL SIGN	SIXTIETH	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE Group	COMMUNITY/ AREA

CABLE ONE, INC							006437	Name
				ATE FEES FOR EAC			LIB	
		SUBSCRIBER GRO		1		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
								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	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NVTV TUIDE	SUBSCRIPED CDG	NID.	61	VTV FOURT	L CLIDSCODIDED CDO		
OMMUNITY/ AREA		SUBSCRIBER GRO) 0	COMMUNITY/ ARE		SUBSCRIBER GRO	<u>о</u>	
OMMONT IT AREA				COMMONT I/ ARE	<u></u>			
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	rth Group	\$	0.00	
	,	L.			•	<u>.</u>	- 33	
			scriber group	as shown in the boxes	s above.			
Enter here and in blo	CK 3, IINE 1,	space L (page /)				\$		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group S 0.00 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group S 0.00 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIG	R	0011	OOMBUT ATION O	- D 4 6 5 5 5	TE EEEO EOO E : : :	1.01.10.00	IDED ODG: 15		
CALL SIGN DSE CALL SIGN					П			ID.	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group \$ 0.00 Stats Receipts Firs		ı Y-FIFIH	SUBSURIBER GROU		11		SUBSCRIBER GROU		9
CALL SIGN DSE	JOINIMUNITY/ AREA			U	COMMUNITY/ AREA			U	
Base Rate Fee Strate Str	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Synd Eack Sure									Base Rate
									and
							. —		Syndica
otal DSEs									Exclusiv
Part Dis State									Surchar
State DSEs Justi							. —		for
State Stat									Partiall
And DSEs John DSEs J									Distan
SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									Station
ase Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE									
ase Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE									
ase Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE									
ase Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-SEVENTH SUBSCRIBER GROUP CALL SIGN DSE CALL									
ase Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DSE CAL									
ase Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DSE CAL	ntal DSEs			0.00	Total DSFs			0.00	
ase Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY								_	
SIXTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	ross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
SIXTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DS									
OMMUNITY/ AREA O CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN <td>ase Rate Fee First Gr</td> <td>oup</td> <td>\$</td> <td>0.00</td> <td>Base Rate Fee Secon</td> <td>nd Group</td> <td>\$</td> <td>0.00</td> <td></td>	ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
OMMUNITY/ AREA O CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE									
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		<u>SEVENTH</u>	SUBSCRIBER GROU				SUBSCRIBER GROU	_	
total DSEs O.00 Gross Receipts Third Group S O.00 Base Rate Fee Third Group S O.00 Base Rate Fee Fourth Group S O.00	OMMUNITY/ AREA			0	COMMUNITY/ AREA			O	
total DSEs Total DSEs O.00 Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00			П				II		
ross Receipts Third Group \$ 0.00 see Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ase Rate Fee Third Group \$ 0.00 Sample of the second of t									
ross Receipts Third Group \$ 0.00 see Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ross Receipts Third Group \$ 0.00 sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ross Receipts Third Group \$ 0.00 sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ross Receipts Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ross Receipts Third Group \$ 0.00 see Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ross Receipts Third Group \$ 0.00 sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ross Receipts Third Group \$ 0.00 sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ross Receipts Third Group \$ 0.00 see Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ross Receipts Third Group \$ 0.00 sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ross Receipts Third Group \$ 0.00 see Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
siross Receipts Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ase Rate Fee Third Group \$ 0.00 Sample of the second of t									
ross Receipts Third Group \$ 0.00 see Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	otal DSEs			0.00	Total DSEs			0.00	
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	ross Receipts Third G	PT				- · - ~P	·		
	ross Receipts Third G		I						
ase Pate Fee: Add the base rate fees for each subscriber group as shows in the bayes shows	Gross Receipts Third G				11				
ace Pate Fee: Add the bace rate fees for each subscriber group as shown in the bayes shows		roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
see Pate Fee: Add the base rate fees for each subscriber group as shows in the bases shows	·	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Inter here and in block 3, line 1, space L (page 7)	·	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006437							Name	
				ATE FEES FOR EAC				
	TY-NINTH	SUBSCRIBER GROU				I SUBSCRIBER GROL		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 G	roun	<u> </u>	0.00	Gross Receipts Seco	and Group	s	0.00	
Cross recoupts rillst C	очр	<u> </u>	0.00	Cross Receipts deed	ond Group	<u> </u>	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	ITY-FIRST	SUBSCRIBER GROU		 		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 G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
-					-			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	906437 006437	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVEN	TY-THIRD	SUBSCRIBER GROU	JP	SEVENT	Y-FOURTH	SUBSCRIBER GROU	Р	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
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SEVEN	ITY-FIFTH	SUBSCRIBER GROU	JP	SEVE	NTY-SIXTH	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	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	 \$	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.	\$		

Name								
						COMPUTATION O		
9		SUBSCRIBER GROU	TY-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computat	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi Surcharç								
for								
Partially								
Distant								
Stations								
1		-						
]								
9								
				Total DSEs	0.00			otal DSEs
	0.00							
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	ross Receipts First G
		\$	nd Group			\$	roup	ross Receipts First Gi
		\$	·		0.00	\$		ross Receipts First Gi ase Rate Fee First Gi
	0.00		nd Group	Gross Receipts Seco	0.00	\$ \$ SUBSCRIBER GRO	roup	ase Rate Fee First Gr
	0.00	\$	nd Group	Gross Receipts Seco	0.00		roup	ase Rate Fee First Gr
	0.00 0.00	\$	nd Group	Gross Receipts Seco	0.00 0.00		roup	ase Rate Fee First Gr SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr SEVEN OMMUNITY/ AREA
	0.00 P 0SE	\$ SUBSCRIBER GROU	elGHTIETH	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA CALL SIGN	0.00 DSE	SUBSCRIBER GRO	TY-NINTH	SEVEN OMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU	DSE	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	SUBSCRIBER GRO	TY-NINTH DSE	SEVEN' OMMUNITY/ AREA CALL SIGN otal DSEs
	0.00 P 0SE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA CALL SIGN	0.00 DSE	SUBSCRIBER GRO	TY-NINTH DSE	SEVEN OMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE	Gross Receipts Seco Base Rate Fee Seco COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	CALL SIGN	TY-NINTH DSE	SEVEN' OMMUNITY/ AREA CALL SIGN otal DSEs

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S`	906437 006437	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-FIRST	SUBSCRIBER GROU	JP	EIGHT	Y-SECOND	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
								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	
EIGH	TY-THIRD	SUBSCRIBER GROU	JP	EIGHT	Y-FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs				Total DSEs	_			
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	ı Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	¢		
Enter here and in block	s, line T, S	pace ∟ (page /)				Φ		

	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
9		SUBSCRIBER GROU	HTY-SIXTH			SUBSCRIBER GRO	HTY-FIFTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate								
Exclusivit Surcharg								
for								
Partially								
Distant								
Stations								
		-						
n								
-								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	Group	Bross Receipts First Gr
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	iroup	Gross Receipts First Gr
	0.00	\$	·	Gross Receipts Secon		\$	·	Bross Receipts First Gi Base Rate Fee First Gi
-	0.00		d Group	Base Rate Fee Secon	0.00	\$ \$ SUBSCRIBER GRO	iroup	Base Rate Fee First Gr
-	0.00	\$	d Group	Base Rate Fee Secon	0.00		iroup	Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00		iroup	Base Rate Fee First Gr
-	0.00	\$	d Group	Base Rate Fee Secon	0.00		iroup	Base Rate Fee First Gr
-	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	Base Rate Fee First Gr EIGHTY-S COMMUNITY/ AREA
-	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	EIGHTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	Base Rate Fee First Gr EIGHTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	Base Rate Fee First Gr EIGHTY-S COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	Base Rate Fee First Gr EIGHTY-S COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	Base Rate Fee First Gr EIGHTY-S COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	Base Rate Fee First Gr EIGHTY-S COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	Base Rate Fee First Gr EIGHTY-S COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	Base Rate Fee First Gr EIGHTY-S COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	Base Rate Fee First Gr EIGHTY-S COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	Base Rate Fee First Gr EIGHTY-S COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	Base Rate Fee First Gr EIGHTY-S COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GRO	SEVENTH	EIGHTY-SCOMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE	Base Rate Fee Secon EIGH COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	CALL SIGN	-SEVENTH DSE	EIGHTY-SCOMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 P	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secon EIGH COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GRO	-SEVENTH DSE	EIGHTY-SCOMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE Group	Base Rate Fee Secon EIGH COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	CALL SIGN	SEVENTH	EIGHTY-SCOMMUNITY/ AREA CALL SIGN Total DSEs

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	906437	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-NINTH	SUBSCRIBER GRO	JP		NINTIETH	SUBSCRIBER GROU	IP	^
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
T		II	0.00	T		П	0.00	
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	
NINE	TY-FIRST	SUBSCRIBER GRO	JP	NINET	Y-SECOND	SUBSCRIBER GROU	IP	
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	ı Group	\$	0.00	
	•	L			'	<u>. </u>	222	
Base Rate Fee: Add th	e base rat	e fees for each subsc	riber group	as shown in the boxes a	bove.			
Enter here and in block			- •			\$		

	R GROUP	CLIDCCDID	TE EEES EOR EACH				
					COMPUTATION OF		
<u> </u>	BSCRIBER GROUP	/-FOURTH S			SUBSCRIBER GROU	TY-THIRD	
0 Computat			COMMUNITY/ AREA	0			COMMUNITY/ AREA
OSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							
and							
Syndicat							
Exclusiv							
Surchard for							
Partially		_					
Distant							
Stations							
.00_		_	Total DSEs	0.00			otal DSEs
.00		d Group	Gross Receipts Secon	0.00	\$	roup	ross Receipts First Gr
<u></u>			Cross resolpts essen		<u> </u>	Т	roos ressipts i not Si
00		d Group	Base Rate Fee Secon	0.00	le.	roup	asa Rata Foo First Gr
.00		d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First Gr
.00	SSCRIBER GROUP			JP	\$UBSCRIBER GROU	•	
0	SSCRIBER GROUP					•	NINE
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE OMMUNITY/ AREA
	SSCRIBER GROUP CALL SIGN		NIN	JP		•	NINE OMMUNITY/ AREA
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE OMMUNITY/ AREA
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE OMMUNITY/ AREA
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE OMMUNITY/ AREA
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE OMMUNITY/ AREA
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE OMMUNITY/ AREA
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE OMMUNITY/ AREA
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE OMMUNITY/ AREA
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE OMMUNITY/ AREA
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE
0		ETY-SIXTH S	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	NINE OMMUNITY/ AREA
OSE		ETY-SIXTH S	NIN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	TY-FIFTH	NINE COMMUNITY/ AREA CALL SIGN
OSE OSE		DSE	NIN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	NINE COMMUNITY/ AREA CALL SIGN Cotal DSEs
OSE		DSE	NIN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	NINE COMMUNITY/ AREA CALL SIGN Total DSEs
OSE OSE		DSE	NIN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	COMMUNITY/ AREA

CABLE ONE, IN	C.						006437	Name
				ATE FEES FOR EAC				
		I SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
								and
								Syndicate
								Exclusivit Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·				·	-		
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NI	NETY-NINTH	SUBSCRIBER GRO	DUP	ONE	HUNDREDTH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	٩		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	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	•	L.			•	<u>.</u>		
			scriber group	as shown in the boxes	s above.			
Enter here and in blo	ock 3, line 1,	space L (page 7)				\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:					O06437	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GROU	JP	ONE HUNDREI	SECOND	SUBSCRIBER GROUP)	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRE	ED THIRD	SUBSCRIBER GROU	JP	ONE HUNDREI	D FOURTH	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DCCa		II	0.00	Total DOC-			0.00	
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	
				Ш				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	bove.	\$		
						<u> </u>		

				TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	RED SIXTH		<u>IP</u> 0	SUBSCRIBER GROL	ED FIFTH	
Computat	<u> </u>			COMMUNITY/ AREA	U		***************************************	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv Surchar								
for								
Partially			_					
Distant								
Station								
	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
	Р	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	IP	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			_					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
	<u> </u>	· *	•					

Name								CABLE ONE, INC.
				TE FEES FOR EACH				
9	P 0	SUBSCRIBER GROU	ONE HUNDR COMMUNITY/ AREA	1P 0	SUBSCRIBER GROU	D NINTH	ONE HUNDRE COMMUNITY/ AREA	
Computat	<u>U</u>			COMMUNITY AREA	<u> </u>		***************************************	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	ross Receipts First Gro
								, , , , , , , , , , , , , , , , , , , ,
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	IP	SUBSCRIBER GROL	EVENTH	ONE HUNDRED EL
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
	$\neg \neg $							
		Î.				1		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:					O06437	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		-
ONE HUNDRED THIS	RTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FOL	JRTEENTH	SUBSCRIBER GROUI	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
	<u> </u>							Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
					<u></u>			
					<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	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED S	IXTEENTH	SUBSCRIBER GROUI	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
					<u> </u>			
					<u> </u>			
Total DSEs			0.00	Total DSEs			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 a	bove.	\$		
						L		

0						E SYSTEM:	(0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	CABLE ONE, INC.
9	0	BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH ONE HUNDRED EIG				BI ONE HUNDRED SEVEN COMMUNITY/ AREA
Computat				COMMONIT I/ AREA				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and Syndicate			-					
Exclusivi			-					
Surcharg			-					
for			-					
Partially Distant			-					
Stations			-					
			-					
			-					
1								
]								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
-	>	SUBSCRIBER GROUP	VENTIETH			SUBSCRIBER GROU	NTEENTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
4			-					
			-					
]								
1			-					
]								
9			-			-		
			-					
	<u></u>							
j				F				
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	
		\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Fotal DSEs Gross Receipts Third G

				TE FEES FOR EACH				
9	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED TWEN	0	SUBSCRIBER GROU	II Y-FIKSI	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	502	CALL CIGIT	562	ONEE CICIT	562	07 LEE 01014	562	CALL GIGH
and								
Syndicat								
Exclusiv								
Surchar								
for Partiall								
Distan								
Station								
	0.00	_		Total DSEs	0.00	l		otal DSEs
	0.00	<u> </u>	d Croup		0.00	.	2112	
	0.00	\$	a Group	Gross Receipts Secor	0.00	<u>*</u>	oup	iross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0			COMMUNITY/ AREA	0			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	Total DSEs Gross Receipts Fourth	0.00	\$	roup	otal DSEs Gross Receipts Third Gr

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 006437	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED TWEN	ITY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-SIXTH	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			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	•	\$	0.00	
ONE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN				
COMMUNITY/ AREA			0	COMMUNITY/ AREA0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	ove.	\$		

								CABLE ONE, INC.
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl
9		SUBSCRIBER GROUP	THIRTIETH			SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED TWEN
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	502	O/ LEE OF OF T	502	67 LEE 61611	562	O/ LEE GIGIT	202	
and			-					
Syndicat								
Exclusiv								
Surchar								
for								
Partially Distant								
Station								
Stations			-					
			_					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT		SUBSCRIBER GROUP	TY-FIRST	ONE HUNDRED THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr

Computation DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of	CABLE ONE, INC.	R OF CABL	E SYSTEM:					906437 006437	Name
COMMUNITY AREA O COMMUNITY AR	В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Symdicated Exclusivity Symdicated Exclus	ONE HUNDRED THIS	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-FOURTH	SUBSCRIBER GROUP		•
CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Surcharge Total DSEs One HUNDRED THIRTY-FIFTH SUSSCRIBER GROUP COMMUNITY AREA OCMMUNITY AR	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	_
Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs									Base Rate Fee
Contact Cont									and
Surcharge for Partially Distant Stations Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group CALL SIGN DSE CALL SIGN DSE							_		
Partially Distant Stations Total DSEs									
Distant Stations Total DSEs Gross Receipts First Group S O.00 Gross Receipts Second Group S O.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL S									
Total DSEs Gross Receipts First Group Base Rate Fee First Group COMMUNITY; AREA CALL SIGN DSE CALL SIGN									-
Gross Receipts First Group Base Rate Fee First Group Base Rate Fee First Group ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DS									
Gross Receipts First Group Base Rate Fee First Group Base Rate Fee First Group ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DS									
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee First Group S O.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SI									
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee First Group S O.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SI									
Gross Receipts First Group Base Rate Fee First Group Base Rate Fee First Group ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DS									
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee First Group S O.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SI									
Gross Receipts First Group Base Rate Fee First Group Base Rate Fee First Group ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DS									
Base Rate Fee First Group ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY AREA OCOMMUNITY AREA OCOMUNITY AREA OCOMMUNITY AREA OCOMMUNITY AREA OCOMMUNITY AREA OCOMMU	Total DSEs			0.00	Total DSEs			0.00	
ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CA	Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
COMMUNITY/ AREA O CALL SIGN D SE CALL SIGN	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
COMMUNITY/AREA 0 COMMUNITY/AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs 0.00 Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	ONE HUNDRED THII	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	IIRTY-SIXTH	SUBSCRIBER GROUP		
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00				0				0	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		···							
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
					II				
				riber group	as shown in the boxes a	bove.	\$		

Name	006437							CABLE ONE, INC.
				TE FEES FOR EACH	BASE RA			
9	0	SUBSCRIBER GROUP	COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTI	ONE HUNDRED THIRTY- COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and		_	_					
Syndicat			-					
Exclusiv			-					
Surchar for	<u></u>							
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
	P	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
	0.00	¢	Group	Gross Receipts Fourth	0.00	c	COLID	ross Receipts Third G
	<u> </u>	\$	Отоир	O1033 Neoelpts Foulth	0.00	*	Jup	1000 Necelpia IIIIIu Gi

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006437	Name
ВІ	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FOR	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FORT	Y-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA 0				COMMUNITY/ AREA	0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIT	DOL	O/ILL GIOIN		ONEE GIGIT	562	CALL CICIT	502	Base Rate Fee
								and
							0	Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FORT	ΓY-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	
2.000 Noccipio Tilia Ol	- 2 MP	.*		3.000 Modelpto Fourth	J. 34p	·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006437	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		•
	RTY-FIFTH	SUBSCRIBER GROUP		Ħ	RTY-SIXTH	SUBSCRIBER GROUP	_	9
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
T D.O.F.			0.00	T			0.00	
Total DSEs			0.00	Total DSEs	0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FORTY	SEVENTH	SUBSCRIBER GROUP		 	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

EGAL NAME OF OWNE							006437	Name	
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP			
ONE HUNDRED FOR	RTY-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRI	ED FIFTIETH	I SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
								and	
								Syndicate	
								Exclusivit Surcharge	
								for	
								Partially	
								Distant	
								Stations	
otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
ONE HUNDRED FI	FTY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
otal DSEs			0.00	Total DSEs			0.00		
0.00			Gross Receipts Four	th Group	¢	0.00			
noss Necelbis IIIII i	σισαρ	\$	0.00	TOTOSS NECEIPIS FOUI	ai Oloup	\$	<u> </u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
				II					
Base Rate Fee: Add t	he base rat	te fees for each subsc space L (page 7)	riber group	as shown in the boxes	above.				

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006437	Name
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FIFT	/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA 0				COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE			of
								Base Rate Fee
	-							and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED FIF	TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							Ç	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S)	O06437	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				ONE HUNDRED FIF		9 Computation		
				COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
							<u></u>	Distant
								Stations
			2.55					
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 Second	d Group	\$	0.00	
ONE HUNDRED FI	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	D 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	roup	<u></u> -	0.00	Gross Receipts Fourth	Group	\$	0.00	
	r							
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 al	oove.	\$		