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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2-21-20	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting	2019/2										
Period											
B 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 corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should 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										
	Service Electric Cable TV of New Jersey Inc.										
	-										
			(0065852019/2							
				006585 2019/2							
	320 Sparta Avenue										
	Sparta, NJ 07871										
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ss and operation of the syst	em unless these							
С	names already appear in space B. In line 2, give the mailing address										
System	1 IDENTIFICATION OF CABLE SYSTEM:										
	Andover										
	MAILING ADDRESS OF CABLE SYSTEM:										
	2 (Number, street, rural route, apartment, or suite number)										
	(City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Ident	fy only the frst comr	munity served below and rel	ist on page 1b							
Area	with all communities.										
Served	CITY OR TOWN	STATE									
First	Andover	NJ									
Community	Below is a sample for reporting communities if you report multiple of	hannel line-ups in S	pace G.								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#							
Sample	Alda	MD	Α	1							
,	Alliance	MD	В	2							
	Gering	MD	В	3							

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

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 006585 Service Electric Cable TV of New Jersey Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# NJ **Andover** First **Andover Twp** Community Branchville NJ **Byram** NJ 1 **Frankford** Α 1 NJ Franklin NJ Α 1 See instructions for Fredon Α NJ additional information on alphabetization. Green NJ Α Hamburg NJ Hampton NJ Α Hardyston Add rows as necessary. Α Lafayette NJ Newton Α NJ **Ogdensburg** NJ Sandyston Α N.J Sparta NJ Stillwater NJ Sussex NJ Α Vernon NJ Wantage Α NJ Jefferson Α **Blairstown** NJ Α Hope NJ Knowlton NJ Α Frelinghuysen NJ Α 1 **Hardwick** Α

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Service Electric Cable TV of New Jersey Inc.

SYSTEM ID#

006585

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1				BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:									
Service to first set	19,779	\$	31.99						
 Service to additional set(s) 				ľ					
 FM radio (if separate rate) 									
Motel, hotel									
Commercial	265	\$	108.14						
Converter									
Residential									
Non-residential									
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F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLO	CK 1				BLOCK 2	
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE	С	ATEGORY OF SERVICE	RATE	
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	17.25	Motel, hotel	\$	36.00			
 Pay cable—add'l channel 			Commercial					
 Fire protection 			Pay cable					
Burglar protection			Pay cable-add'l channel					
Installation: Residential			Fire protection					
• First set	\$	36.00	Burglar protection					
Additional set(s)			Other services:					
• FM radio (if separate rate)			Reconnect	\$	26.00			
Converter			Disconnect					
			Outlet relocation					
			Move to new address	\$	30.00			

FORM SA3E. PAGE 3		VOTEM:			SYSTEM ID#			
	wner of cable s' ric Cable TV		sev Inc		006585	Namo		
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 Do not list the statistation was carrie List the station here basis. For further in the paper SA3 Column 1: List e each multicast streat cast stream as "WE' WETA-simulcast). Column 2: Give its community of lice on which your cable Column 3: Indicateducational station, (for independent mu For the meaning of t Column 4: If the planation of local se	FCC rules, regular on here in space and only on a subset, and also in space information conditions form. In ach station's call and associated with TA-2". Simulcast the channel numbers. For example, system carried that in each case by entering the latticast), "E" (for nothese terms, see station is outsidervice area, see p	ations, or auth G—but do listitute basis. ace I, if the stateming substitute sign. Do not the station ac streams must ber the FCC he, WRC is Che station. Whether the station oncommercial page (v) of the the local servage (v) of the es" in column	norizations: It it in space I (the ation was carried tute basis station report origination cording to its ow the reported in the assigned to annel 4 in Wash tation is a network), "N-M" (all educational), or general instructivice area, (i.e. "or general instruction 4, you must control (the space of the space).	de Special Statemed both on a substins, see page (v) on program service er-the-air designate column 1 (list each the television statington, D.C. This ork station, an indiffer network multipor "E-M" (for noncottons located in the distant"), enter "Yeions located in the mplete column 5,	ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex-	Television		
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cable system carried carried the distant started for the retransmit of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utilized.	tation on a part-ti ission of a distant ent entered into o d a primary trans or simulcasts, als ethree categories the location of ea or Canadian static zing multiple cha 2. B'CAST CHANNEL NUMBER 2 35 27 7 8 25 11 13 24 34 26 35 18	me basis becat multicast stren or before Justiniter or an allo enter "E". If it, see page (vich station. Foons, if any, givinnel line-ups, CHANN 3. TYPE OF STATION N N N R E N N N N N N N N N N N N	ause of lack of a eam that is not sune 30, 2009, be ssociation repreyou carried the of the general or U.S. stations, the the name of the use a separate of the	activated channel subject to a royalt etween a cable sy senting the prima channel on any of instructions locate list the community wit space G for each AA 5. BASIS OF CARRIAGE (If Distant)	capacity. y payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the handle which the station is identifed. channel line-up. 6. LOCATION OF STATION New York, NY New York, NY New York, NY Trenton, NJ Secaucus, NJ New York, NY	additional information		
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FORM SA3E. PAGE 3.					Account	NGT EMOD: 2013/2	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Service Electri	c Cable TV	of New Jer	sey Inc.		006585	Hame	
PRIMARY TRANSMITT	ERS: TELEVISIO	N					
carried by your cable : FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis : basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List each	system during the tions in effect or 6.61(e)(2) and (esis, as explaine Stations: With recording the conference of an also in spanformation concorm.	he accounting n June 24, 19 4), or 76.63 (red in the next respect to any ations, or auth G—but do listitute basis. ace I, if the staterning substitutes sign. Do not response	g period, except 81, permitting the referring to 76.6 paragraph. distant stations forizations: t it in space I (the ation was carried tute basis station	(1) stations carried carriage of cert (1(e)(2) and (4))]; as carried by your one Special Statement of both on a substitute, see page (v) on program service	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi-	G Primary Transmitters: Television	
cast stream as "WETA WETA-simulcast).	A-2". Simulcast :	streams must	be reported in o	column 1 (list eac	h stream separately; for example		
its community of licens on which your cable s	se. For example ystem carried th	e, WRC is Cha ne station.	annel 4 in Wash	nington, D.C. This	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 Column 5: If you heable system carried the carried the distant state For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	y entering the le icast), "E" (for no ese terms, see patation is outside rice area, see panave entered "Yothe distant statiction on a part-tir sion of a distant tentered into on a primary transis simulcasts, also hree categories, le location of ea Canadian statio	etter "N" (for noncommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an action enter "E". If , see page (v) ch station. Foons, if any, giv	etwork), "N-M" (I educational), of e general instruct vice area, (i.e. "of general instruct 4, you must correct accounting perioduse of lack of a geam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, ethe name of the	for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye cions located in the mplete column 5, od. Indicate by en activated channel of subject to a royalty etween a cable sy- essenting the prima channel on any of instructions locate list the community me community with	past), "I" (for independent), "I-M" ommercial educational multicast). The paper SA3 form. ses". If not, enter "No". For an exact paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. If payment because it is the subject stem or an association representing ry transmitter, enter the designation in the paper SA3 form. If to which the station is licensed by the payment which the station is identifed.		
		CHANN	EL LINE-UP	AB			
1. CALL SIGN	CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION						
WABC	7	N-M	No		New York, NY		
WPIX	11	N-M	No		New York, NY		
WCBS	2	N-M	No		New York, NY		
WABC	7	N-M	No		New York, NY		
WWOR	25	N-M	No		Secaucus, NJ		
WPXN	34	N-M	No		New York, NY		
	···						

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Service Electri	c Cable TV	of New Jer	sey Inc.		006585	
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Pasis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you cable system carried the cable system carried the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2)	y television standard y television y te	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: It it in space I (the 181 tinn was carried the 181 tinn was carried to 181 tinn was carried to 181 tinn was station to 181 tinn was assigned to 181 tinn was	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitution, see page (v) on a program services the television station of the television of the televis	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing	ng multiple chai	nnei iine-ups,	use a separate	space G for each	cnannel line-up.	
		CHANN	EL LINE-UP	AC		
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	

FURINI SAJE. PAGE 3.					0)/07514 ID#	
Service Electri			sey Inc.		SYSTEM ID# 006585	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON .				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during t ions in effect of 5.61(e)(2) and (sis, as explaine Stations: With	he accounting n June 24, 19 4), or 76.63 (red in the next pressed in the next pressed to any	g period, except 81, permitting th referring to 76.6 paragraph. distant stations	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections und (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETAWETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 4: If the st planation of local servical Column 5: If you heable system carried the cable system carried the carried the distant state for the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the case of the state of the st	here in space only on a subs and also in spation and also in spation and also in spation and associated with a spation associated with a carried the in each case we entering the least), "E" (for not be entered "Y he distant static ion on a part-tipion of a distant tentered into on a primary trans simulcasts, also ince categories e location of each and an attact canadian static	G—but do listitute basis. ace I, if the state that it is sign. Do not read that it is sign. Whether the station. Whe	tit in space I (the ation was carried tute basis station report origination report origination of the properties of the annel 4 in Wash attains is a network, "N-M" (I educational), one general instructivice area, (i.e. "or general instructivice area, (i.e. "capped annel 4 in wash attains is a network of a general instructivice area, in the annel 4 in the same that is not some 30, 2009, be sesociation repression of the general in the of the general in the same of the name of the same of the sam	d both on a substitute, see page (v) or a program service er-the-air designal column 1 (list each the television stati ington, D.C. This i	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject stem or an association representing ty transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AD		
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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Service Electric	c Cable TV	of New Jer	sey Inc.		006585	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
PRIMARY TRANSMITTE In General: In space (carried by your cable stock rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis Subasis under specific For Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream as "WETA WETA-simulcast). Column 2: Give the sits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multicated for the meaning of the Column 4: If the state planation of local service Column 5: If you have cable system carried the cable system carried the distant state For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the	ERS: TELEVISIO G, identify every system during the control of the control Gold (e)(2) and (e) Gold (e)(3) and (e) Gold (e)(4) Gold (e)	y television state accounting a June 24, 1964, or 76.63 (r d in the next prespect to any stions, or auth G—but do list titute basis. In the state of	ation (including to period, except 81, permitting the referring to 76.6 paragraph. If distant stations orizations: to it in space I (the ation was carried to the space I (the ation was assigned to the ation was assi	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the second of the se	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel upendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). the paper SA3 form. sis. If not, enter "No". For an ex- in paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
				•	which the station is identified.	
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AE		
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	

Service Electric Cable Try Of New Jersey Inc. Service Selectric Cable Try Of New Jersey Inc. O06585 PRMARY TRANSMITTERS. TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under PCC relies and regulations in effect on June 24, 1961, permitting the carriage of certain network programs bectoms stations. PCC relies and regulations in effect on June 24, 1961, permitting the carriage of certain network programs bectoms statistically program basis. as evaluation in the next paragraph of 10(x) and (2), and (2) celestrated on a substitute program basis under specific PCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list it in space (1the Special Statement and Program Log)—if the station was carried by the station was carried by the station was carried only on a substitute basis and also on some other in the page SAS form. Column 1: List each station's call sign. Do not report disjunction program services such as HBO, ESPR, let. Identify each multi-cast stream is writted to a substitute basis and salo on some other in the page SAS form. Column 1: List each station's call sign. Do not report disjunction program services such as HBO, ESPR, let. Identify each multi-cast stream as writter with FEC beas assigned to the levision station station of the channel in the page SAS form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by extending the letter N (for network), New (for independent). Half (for independent) in the page SAS form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by which the station is identified. Notes (From the tetraments of a distant multicast stream that is not studged to the page	FORM SA3E. PAGE 3.							
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, 1961, permitting the carriage of certain network programs [sections 75.59(0)(2) and (4), 76.51(e)(2) and								
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 lesctions 76.59(q)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - 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. - Use the station here, and also in space, I if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "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 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 4: If the station is outside the local service area (i.e. "distant"), enter "Yes". If not, enter "No". For an explanat	Service Electric	c Cable TV	of New Jer	sey Inc.		006585		
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)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station her in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational multicast), "E" (for noncommercial educational multicast), "E" (for noncommercial educational multicast), "The meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on whi	PRIMARY TRANSMITT	ERS: TELEVISIO	N					
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasis Substitute Pasis	G, identify even system during the ions in effect or io.6.61(e)(2) and (sis, as explaine stations: With a CC rules, regular here in space only on a substand also in spation and associated with a case of the ions and also in spation associated with a case of the ions are also in each case of the ions are also in each case of the ions are also in a part-time ion on a part-time ion of a distant at the ion and a primary trans is included in the ions are categories are categories are canadian station canadian station of each canadian station and a canadian stati	y television standard y television y television standard y television y television standard y television y television standard y television y television standard y television y	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried that the station was carried that the station was carried to the period of the station was station to the report origination cording to its own be reported in containing the station is a network etwork), "N-M" (if I educational), one general instruction area, (i.e. "or general instruction of lack of a station was ended to the station of the general instruction of the general instruction. The stations is the stations, the the name of the general instruction of the general instruction.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your context of the special Statement of the spec	d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example on for broadcasting over-the-air in may be different from the channel appendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. In our paper SA3 form. It is not, enter "No". For an exercipal education in the basis on which your dering "LAC" if your cable system capacity. The paper SA3 form. The paper	Primary Transmitters:	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE			CHANN	FI LINE-LIP	ΔF			
		CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		

SYSTEM ID# Service Electric Cable TV of New Jersey Inc. 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 rifect on June 24, 1981, permitting the carriage of certain network program (sections 5.05(d))2 and (4), 15 (e)(2) and (4), 6 7 fi.63 (e)(e)tand (4), 7 6 (5) (e)(e) and (4), 7 6 (5) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	FORM SA3E. PAGE 3.								
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 75.59(0)(2) and (4), 76.51(e)(2) and	LEGAL NAME OF OWN								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here, and also in space I, life the station was carried both on a substitute basis and also on some other station was carried only on a substitute basis. List the station here, and also in space I, life 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: Isolicate in each case whether the station is a network station, an independent station, or a noncommercial educational program services are a sepage (v) of the general instructions located in the paper SA3 form. Column 5: If so that is station during the accounting of the station is a network multicast). "If (for independent), "I-M" (for independent multicast), "E' (for noncommercial educational), or "E-M" (for noncommercial educational multicast), "E' (for network) multicast), "In the repo	Service Electri	c Cable TV	of New Jer	sey Inc.		006585	Nume		
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), 76.63 (referring to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams associated with a station according to its over-the-air designation. For example, report multicast streams miss of well-air in its community of license. For example the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example 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 distant station of more decident the station of the station. For Carrie and the station of license is a station of the station of a case whether the s	PRIMARY TRANSMITT	ERS: TELEVISIO)N						
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you he cable system carried the cable system carried the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the FCC.	G, identify even- system during to ions in effect of 5.61(e)(2) and (sis, as explaine Stations: With a CC rules, regula in here in space only on a subs and also in spa information cond orm. ch station's call associated with A-2". Simulcast e channel numb ise. For example system carried the in each case w	y television standard y television y television standard y televis	g period, except 81, permitting the referring to 76.67 paragraph. 7 distant stations forizations: to the station was carried that basis station report origination cording to its over the report origination cording to its over the reported in containing the station is a network etwork), "N-M" (I reducational), one general instructional etwork), so the general instructional etwork etworks and the stations, I reduce the name of the general instructional etworks.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your ce special Statement of both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television statington, D.C. This in the television statington, D.C. This in the television statington, D.C. This in the television statington, but the television statington in the more television statington to the television statington the primare channel on any ot anstructions locate list the community with	d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinate stream separately; for example on for broadcasting over-the-air in may be different from the channel spendent station, or a noncommercial ast), "I" (for independent), "I-M" symmercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your stering "LAC" if your cable system capacity. The paper SA3 form. The symmetric programment because it is the subject stem or an association representing the paper SA3 form. The paper SA3 form. The symmetric programment because it is the subject stem or an association representing the paper SA3 form. The paper SA3	Primary Transmitters:		
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AG				
		CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
Service Electric	c Cable TV	of New Jer	sey Inc.		006585			
PRIMARY TRANSMITTERS: TELEVISION								
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Pasis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	G, identify even- system during ti- ions in effect or 6.61(e)(2) and (6.6	y television standard by television standard by television standard by television standard by televisions, or auth G—but do list titute basis. In the standard by the standard	period, except 81, permitting the seferring to 76.6 paragraph. It is space I (the stion was carried ute basis station to the seferring to 76.6 paragraph. It is in space I (the stion was carried ute basis station to the sefer to see the see the see the second to see the see the second to see the see the second to sec	(1) stations carried et carriage of certa 1(e)(2) and (4))]; as carried by your context of the carried by your carried by y	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your ering "LAC" if your cable system expacity. expaper says to be subject estem or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.	G Primary Transmitters: Television		
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the which the station is identified.			
Note: If you are utilizing				•				
		CHANN	EL LINE-UP	AH				
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			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Service Electri	c Cable TV	of New Jer	sey Inc.		006585	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
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), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream spentally; 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), "L-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for independent multicast), "E" (for nonc						
		CHANN	EL LINE-UP	ΔΙ		
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	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN			_		SYSTEM ID#	Name		
Service Electri	c Cable TV	of New Jer	sey Inc.		006585			
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 specific FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space ((the Special Statement and Program Log)—if the station was carried only on a substitute basis. * List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "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), "" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational) or "E-M" (for noncommercial educational) or a p								
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the			
FCC. For Mexican or (Note: If you are utilizing)		. ,		•	which the station is identifed. channel line-up.			
-		CHANN	EL LINE-UP	AJ				
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			

Service Electric Cable Ty of New Jersey Inc. 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 75,50(c)) and (4); 76,18(e) (2) and (4); 67,618(e) (2) contain stations carried on a substitute program basis, and also in space 1, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis station was carried only on a substitute basis and also on some other basis. For further information concerning substitute basis stored basis stored 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 sterium and the station in the station is constituted by the station of the station is community of the Carrier of the station is community of the Carrier of the station is constituted by constitutions to carrier of the station is constituted by constitution of the station is constituted by constit	FORM SA3E. PAGE 3.						
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 75.59(0)(2) and (4), 76.51(e)(2) and (4), 76.51(e)(2) and (4), 76.53 (referring to 76.51(e)(2) and (4)); and (2) carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 10 not flist the station here, and also in space (1, the the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "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), "" (for independent), "the" (for independent) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (ie. "distant"), enter "Ves", fror, enter "No", For an explanation of local service area, apera	LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
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 under specific FCC rules, regulations, or authorizations: 3 ubstitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 3 ubon title steation 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. 4 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 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. 3 column 2: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast, simulcast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). 4 Column 5: 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), "In for independent),"-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or E-M" (for noncommer	Service Electri	c Cable TV	of New Jer	sey Inc.		006585	Nume
Carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))], and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list if 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 streams as WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I' (for independent)," I-M" (for independent multicast). "E' (for noncommercial educational), or "E-M" (for network multicast), and the paper SA3 form. Column 5	PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE	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 specife 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), "" (for independent), "I-M" (for indepe						
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AK		
		CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	

FURM SAJE. PAGE 3.					0)/07514 ID#	
Service Electric			sey Inc.		SYSTEM ID# 006585	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
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		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	

FURINI SAJE. PAGE 3.					OVOTEM ID#	
Service Electri			sey Inc.		SYSTEM ID# 006585	Name
PRIMARY TRANSMITT						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s	system during t ions in effect of 6.61(e)(2) and (sis, as explaine Stations: With	he accounting n June 24, 19 4), or 76.63 (red in the next pressed in the next pressed to any	g period, except 81, permitting th referring to 76.6 paragraph. distant stations	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
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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	

Service Discription Cable TVY New Jersey Inc. D06685 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every felovision station (including translator stations and low power felovision stations and complete the service and the service an	FORM SA3E. PAGE 3.						
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 75.59(d)(2) and (4), 76.61(e)(2) and (4)); and (2) are station season as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 1. 50 not flist the station here, and also in space I, (the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "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 licenses. 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 multicast). "E" (for noncommercial educational station, by entering the letter "N" (for network), "N-M" (for n	LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
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 (!) 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 paragraphs. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space ! (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space !, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "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 is a network station, an independent multicast). "For for hemening the letter 1" (for network), "N-M" (for independent multicast). "For independent multicast), "or for endorship 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	Service Electri	c Cable TV	of New Jer	sey Inc.		006585	Nume
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)), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)), 76.61(e)(2) and (4)), 76.61(e)(2) and (4), 76.61(e)(2) and (4)), 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here, and also in space I, if the station was carried 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 streams answer associated with a station according to its over-the-air designation. For example, report multicast streams answer 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 5: 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), "In for independent), "I-M" (for independent multicast), "E" (for monommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA	PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 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), "" (for independent), "I-M" (for inde						
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		CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	

FURM SAJE. PAGE 3.					0\/0TEM ID#	
Service Electric			sey Inc.		SYSTEM ID# 006585	Name
PRIMARY TRANSMITTI						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during to ions in effect of 5.61(e)(2) and (sis, as explaine Stations: With	he accounting n June 24, 19 4), or 76.63 (r d in the next prespect to any	period, except 81, permitting the referring to 76.6 paragraph. distant stations	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
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		CHANN	EL LINE-UP	AO		
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	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN			_		SYSTEM ID#	Name		
Service Electric	c Cable TV	of New Jer	sey Inc.		006585			
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 76.65/9(d)/2) and (4), 76.61(e)/(2) and (4), 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 specife 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 multicast), "" (for independenth), "I-M" (for independent multicas								
				•	to which the station is licensed by the which the station is identifed.			
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	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			

FURINI SAJE. PAGE 3.					2./2==== := ::	
Service Electric			sey Inc.		SYSTEM ID# 006585	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the constant of	he accounting n June 24, 19 4), or 76.63 (i d in the next	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters: Television
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Note: If you are utilizing	ng multiple chai	•	EL LINE-UP		channel line-up.	
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	

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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 75.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4); 76.61(e)(2) and	LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#	Name
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 (!) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriedge of certain network programs [sections 76.59(q)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - 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 is station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "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 is a network station, an independent faulticast). "For independent multicast), "For for networkmulticast), "For for independent multicast), "For on explanation of 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 4: If the station is outside the local service a	Service Electri	c Cable TV	of New Jer	sey Inc.		006585	Nume
Corner de 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)); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here, and also in space I, if the station was carried 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 streams answered the station. Column 2: 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, simulated and station according to its over-the-air designation. For example, report multicast, simulated and station according to its over-the-air designation. For example, report multicast, simulated and station according to its over-the-air designation. For example, report multicast, simulated and station according to its over-the-air designation. For example, report multicast, simulated and station according to its over-the-air designation. For example, report multicast, simulated and station according to its over-the-air designation, and its over-the-air designation,	PRIMARY TRANSMITT	ERS: TELEVISIO	ON NC				
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 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), "" (for independent), "I-M" (for inde						
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AR		
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FURINI SAJE. PAGE 3.					0)/07514 ID#	
Service Electri			sey Inc.		SYSTEM ID# 006585	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON .				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC	system during to sions in effect of 5.61(e)(2) and (sis, as explaine stations: With CC rules, regula	he accounting n June 24, 19 4), or 76.63 (red in the next prespect to any ations, or auth	p period, except 81, permitting the referring to 76.6 paragraph. distant stations porizations:	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a carried by your c	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
station was carried List the station here, basis. For further ir in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multice) For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	only on a subs and also in spariformation concurm. The station's call associated with a second carrier. Simulcast the channel number of the concurrence of the concur	titute basis. ace I, if the state of the station acceptance of the station acceptance of the station. Whether the station acceptance of the station. Whether the station. The station of the station of the station. The station of the station of the station.	ation was carried tute basis station report origination report origination report origination of the reported in containing the reported in containing as assigned to the same of the reported in the reported	d both on a substitute, see page (v) or a program service er-the-air designal column 1 (list each the television stati ington, D.C. This i	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject stem or an association representing ty transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	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	

FURM SAJE. PAGE 3.					0\\0TEM ID#	
Service Electric			sey Inc.		SYSTEM ID# 006585	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON .				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC	system during to sions in effect of 5.61(e)(2) and (sis, as explaine stations: With CC rules, regula	he accounting n June 24, 19 4), or 76.63 (red in the next prespect to any ations, or auth	p period, except 81, permitting the referring to 76.6 paragraph. distant stations porizations:	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a carried by your c	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried ti carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	only on a subs and also in spariformation concurm. The station's call associated with a second carrier. Simulcast the channel number of the concurrence of the concur	titute basis. ace I, if the state of the station acceptance of the station acceptance of the station. Whether the station acceptance of the station. Whether the station. The station of the station of the station. The station of the station of the station.	ation was carried tute basis station report origination report origination report origination of the reported in containing the reported in containing as assigned to the same of the reported in the reported	d both on a substitute, see page (v) or a program service er-the-air designal column 1 (list each the television stati ington, D.C. This i	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject stem or an association representing ty transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AT		
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	

				OVOTEM ID#				
		sey Inc.		9751EM ID# 006585	Name			
RS: TELEVISION	ON	-						
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 specifo 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 as 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 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 during the accounting period. Indicate by entering "LAC" if your c								
g multiple chai		·	•	channel line-up.				
2. B'CAST CHANNEL NUMBER	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
	exable TV of RS: TELEVISION (S., identify every ystem during to one in effect on (61(e)(2) and (61(e	GRS: TELEVISION G, identify every television st ystem during the accounting ons in effect on June 24, 19.61(e)(2) and (4), or 76.63 (isis, as explained in the next intations: With respect to any ic rules, regulations, or authories in space G—but do liso only on a substitute basis. and also in space I, if the station concerning substitute. It is that it is that it is a substitute to a substitute it is a substitute basis. It is that it is a substitute basis. It is a substitute basis in substitute. It is a substitute basis in substitute. It is a substitute in a substitute i	ECable TV of New Jersey Inc. ERS: TELEVISION G, identify every television station (including ystem during the accounting period, except ons in effect on June 24, 1981, permitting the .61(e)(2) and (4), or 76.63 (referring to 76.6 sis, as explained in the next paragraph6tations: With respect to any distant stations: Crules, regulations, or authorizations: here in space G—but do list it in space I (thoonly on a substitute basis. and also in space I, if the station was carried formation concerning substitute basis station associated with a station according to its overall experimental experimen	Cable TV of New Jersey Inc. RS: TELEVISION G, identify every television station (including translator stations ystem during the accounting period, except (1) stations carrierons in effect on June 24, 1981, permitting the carriage of certa .61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; a sis, as explained in the next paragraph. Itations: With respect to any distant stations carried by your carried only on a substitute basis. In a substitute basis. In a substitute basis and also in space I, if the station was carried both on a substitute formation concerning substitute basis stations, see page (v) of m. In station's call sign. Do not report origination program services associated with a station according to its over-the-air designate-2". Simulcast streams must be reported in column 1 (list each endanced the station. In each case whether the station is a network station, an independent of the station. In each case whether the station is a network station, an independent of the letter "N" (for network), "N-M" (for network multicates), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educations) is outside the local service area, (i.e. "distant"), enter "Yes are area, see page (v) of the general instructions located in the lation is outside the local service area, (i.e. "distant"), enter "Yes are distant station during the accounting period. Indicate by enterior of a distant multicast stream that is not subject to a royalty entered "Yes" in column 4, you must complete column 5, so the distant station during the accounting period. Indicate by entered into on or before June 30, 2009, between a cable system a primary transmitter or an association representing the primar simulcasts, also enter "E". If you carried the channel on any of the general instructions located in the accounting period. Indicate by entered into on or before June 30, 2009, between a cable system primary transmitter or an association representing the primar simulcast	Cable TV of New Jersey Inc. Cable Tv of New			

LEGAL NAME OF OWN	IFR OF CABLE SY	/STEM·			SYSTEM ID#			
Service Electric			sey Inc.		006585	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during to lons in effect or 5.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 4), or 76.63 (r d in the next p	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters: Television		
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, also tree categories e location of ea Canadian statio	mitter or an act o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups,	ssociation repre you carried the) of the general in tr U.S. stations, e the name of the use a separate	senting the primar channel on any ot instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the which the station is identifed.			
	I	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			

R OF CABLE SY	/STEM:				Name			
Cable TV o	of New Jer	sey Inc.		006585	Hume			
S: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 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 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 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 net								
	CHANN	EL LINE-UP	AW					
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AW 1. CALL SIGN 2. B'CAST CHANNEL NUMBER STATION (Yes or No) STATION (Fig. 1) (F								
(S S T S S S N T N D T : S S C . t T S N S I S T S S T S N S N S N S N S N S N S N S	cable TV (as: TELEVISIO identify every stem during the stem during the stem carried in space only on a subsem data on a station's call associated with a sacciated with a saccia	identify every television statem during the accounting in effect on June 24, 1961(e)(2) and (4), or 76.63 (is, as explained in the next pations: With respect to any crules, regulations, or authorized in space G—but do lishly on a substitute basis. Indicate in space I, if the statemation concerning substitute. It is sociated with a station acceptation. It is sociated with a station acceptation in each case whether the station acceptation in each case whether the station is outside the local service area, see page (v) of the entered "Yes" in column and distant station during the entered into on or before Jupit and a distant multicast streament in the interior of the inte	Cable TV of New Jersey Inc. SE: TELEVISION identify every television station (including stem during the accounting period, except the in effect on June 24, 1981, permitting the properties of including the accounting period, except the in effect on June 24, 1981, permitting the properties of including the including period, except the including including the including period, except the including including the including period including the accounting period in contact of the including the accounting period in on a part-time basis because of lack of a intered into on or before June 30, 2009, be perimary transmitter or an association representation of each station, in each categories, see page (v) of the general instruction on a part-time basis because of lack of a intered into on or before June 30, 2009, be perimary transmitter or an association representation of each station. For U.S. stations, in adian stations, if any, give the name of the multiple channel line-ups, use a separate CHANNEL LINE-UP CHANNEL LINE-UP CHANNEL LINE-UP	identify every television station (including translator stations stem during the accounting period, except (1) stations carrie as in effect on June 24, 1981, permitting the carriage of certa (1e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; a sexplained in the next paragraph. ations: With respect to any distant stations carried by your carrier in space G—but do list it in space I (the Special Statemently on a substitute basis. and also in space I, if the station was carried both on a substiture mation concerning substitute basis stations, see page (v) of a station's call sign. Do not report origination program services associated with a station according to its over-the-air designate. Simulcast streams must be reported in column 1 (list each channel number the FCC has assigned to the television station. For example, WRC is Channel 4 in Washington, D.C. This is the meaning the letter "N" (for network), "N-M" (for network multicast), "E" (for noncommercial educational), or "E-M" (for noncomentering the letter "N" (for network), "N-M" (for network multicast), "E" (for noncommercial educational), or "E-M" (for noncomenterial educations), or "E-M" (for noncomenterial educations	Cable TV of New Jersey Inc. S: TELEVISION identify every television station (including translator stations and low power television stations) stem during the accounting period, except (1) stations carried only on a part-time basis under no in effect on June 24, 1981, permitting the carriage of certain network programs [sections in effect on June 24, 1981, permitting the carriage of certain network programs [sections in effect on June 24, 1981, permitting the carriage of certain network programs [sections in effect on June 24, 1981, permitting the carriage of certain network programs [sections of the station of the part o			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006585 Service Electric Cable TV of New Jersey 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2019/2				
LEGAL NAME OF OWNER OF Service Electric Cable			>.			SYSTEM ID# 006585	Name				
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG				ı				
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe ing that mus	eriod, under spe st be included in	ecific present and former FC n this log, see page (v) of the	C rules, regula	ations, or author	izations. For a further	Substitute Carriage:				
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes X No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is '	'Yes," you mu	ust complete the	e program					
In General: List each subsiclear. If you need more spaced with the title 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 mor first. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please a of every no distant stati gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static adian stati th and day we "5/7." es when the Example: a er "R" if the and regulatic ogramming	m on a separa attach addition nnetwork telev ion and that your authorization t use general of BA Basketball: deast live, ente station broadca on's location (the ons, if any, the when your system a substitute program on sin effect du	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". to." m. station is licer station is iden program. Use cable system. 5 p.m. to 6:2 mming that yes enter the letter the letter the letter the letter the second program.	during the accoramming of and ns located in the List specific purished by the FC stiffied). List the times are also p.m. show our system was ter "P" if the list	punting pother station are paper rogram CC or, in the month accurately ld be a required ared pro					
S	UBSTITUT	E PROGRAM	1		N SUBSTITU	PED 7. REASON					
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIME FROM —	101					
					<u> </u>						
					<u> </u>						
					_						
					_						

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Service Electric Cable TV of New Jersey Inc.

SYSTEM ID#

006585

J

Part-Time Carriage Log

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-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 column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred 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** DATE **FROM** TO DATE **FROM** TO

	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
	vice Electric Cable TV of New Jersey Inc.		006585	Name
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ndary transmi	ssion service	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amoun	3,981,607.74 t of gross receipts)	
• Con • Con • If you fee • If you accompany	(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. bur system did not carry any distant television stations, leave block 3 blank. Enter the an from block 1 on line 1 of block 4, and calculate the total royalty fee. bur system did carry any distant television stations, you must complete the applicable par panying this form and attach the schedule to your statement of account.	rts of the DSE	E Schedule	L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on li	ine 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ blow.	ntered on line	e 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shown block 4 below.	ıld be entered	d on line	
Block 1	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.	is 1.064 per	cent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	3,981,607.74	
	Enter the result here. This is your minimum fee.	\$	42,364.31	
Block 2	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 colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and continued the property of the property	n 4, you musi	t check	
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	42,364.31	
3	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	\$	42,364.31	
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	\$	42,364.31	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, enter		0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	_\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	43,089.31	form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #			additional 1665.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Single general instructions located in the paper SA3 form and the Excel instructions to			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name	Service Electric Cable TV of New Jersey Inc.	006585									
	CHANNELS										
M	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	ng period.									
Channels	Enter the total number of channels on which the cable										
	system carried television broadcast stations	25									
	2. Enter the total number of activated channels										
	on which the cable system carried television broadcast stations	251									
	and nonbroadcast services										
NI NI	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual										
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)										
Individual to											
Be Contacted for Further	Name Robert H. Williams, Jr.	Telephone 973-729-9536									
Information	Name (Nobel in Williams, Jr.	elephone 373-723-3330									
	Address 320 Sparta Avenue										
	(Number, street, rural route, apartment, or suite number)										
	Sparta, NJ 07871										
	(City, town, state, zip)										
	Email bobw@secable.com Fax (optional) §	973-729-0435									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright	nt Office regulations.									
0											
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 identifed in lin	e 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner	r of the cable system as identified									
	in line 1 of space B and that the owner is not a corporation or partnership; or	or and subject of crown as recommon									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ide	entifed as owner of the cable system									
	in line 1 of space B.	·									
	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	d faith.									
	[18 U.S.C., Section 1001(1986)]										
	X /s/ Robert H. Williams, Jr.										

	Enter an electronic signature on the line above using an "/s/" signature to certify this st (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place	your cursor in the box and press the									
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling	Excel's Lotus compatibility settings.									
	Typed or printed name: Robert H. Williams, Jr.										
		11111111111111111111111111111111111111									
	Title: Assistant Secretary & Assistant Treasurer										
	(Title of official position held in corporation or partnership)										
	Date:										

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Service Electric Cable TV of New Jersey Inc. 006	1 ID# 585
Service Electric Cable 1 v of New Jersey Inc.	303
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	10
Xday Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period ID number	

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

ACCOUNTING PERIOD: 2019/2

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

Note that local stations are not counted at all in computing DSEs.

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

EXAMPLE:

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

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.

Santa Rosa	Stations A and C 35 mile zone
\ an	Bodega Bay ns B, D, id E le zone

	Distant Stations Carrie	d	Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
n	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

ψ0,00 mo						
First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs	1.083	DSEs	1.389	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE. PAG						/O==14 i= /						
1	LEGAL NAME OF OWNER OF CAI		_		S	YSTEM ID#						
•	Service Electric Cable					006585						
	SUM OF DSEs OF CATEGO											
	Add the DSEs of each static				4.00							
	Enter the sum here and in lir	ne i of part 5 of thi	s schedule.		1.00							
2	Instructions:											
2	In the column headed "Cal	II Sign": list the ca	II signs of all distant stations	s identified by t	he letter "O" in column 5							
Computation	of space G (page 3). In the column headed "DS	E": for each indep	endent station, give the DSI	as "1.0": for	each network or noncom-							
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."											
Category "O"		<u> </u>	CATEGORY "O" STATION	NS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WGN	1.000										
Add rows as												
necessary.												
Remember to copy												
all formula into new												
rows.												
				0 1000000000000000000000000000000000000								
I				LL		L						

Name	Service Electric Cable TV of New Jersey Inc.							006585
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R 3. I JRS 0 ED BY 5	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		βE
			÷ ÷	-		x x	=	
			÷	=		×	=	
			÷ ÷			x x		
			÷ ÷			x x	=	
			÷	=		x	=	
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, 0.00								
Computation of DSEs for Substitute-Basis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							
						TION OF DSEs	T	
	1. CALL 2 SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		FROGRAMS :		=
		÷				=		=
		÷		=				=
		-		=				=
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, 0.00							
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the tota number of DSEs applicable to your system. 1. Number of DSEs from part 2 ●							
	TOTAL NUMBER OF DSEs 1.00							

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

LEGAL NAME OF C			ey Inc.				S,	YSTEM ID# 006585	Name
schedule.	ck A must be com "Yes," leave the re	emainder of p	•	7 of the DSE scho	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
i your answer ii	140, complete bit			ELEVISION M	ARKETS				Computation of
l <u>—</u>		outside of all r	najor and sma	ller markets as de	efined under s			gulations in	3.75 Fee
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations e DSE Schee	ons prior to Jui dule. (Note: Th	part 2, 3, and 4 o ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see tl	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt. A Stations carri- 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfathered instructions fc E Carried pursus *F A station pre	lles and reguled pursuant to on as defined all educations of the state	ations cited be to the FCC mand in 76.5(kk) (7 and station [76.55) (see paragule). It is all waiver of F d on a part-tin ithin grade-B of the station of the	6.59(d)(1), 76.61(9(c), 76.61(d), 76. raph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b (e)(1), 76.63(a 63(a) referring abstitution of g	n June 24, 198), 76.61(b)(c), n) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring 6.61(e)(1 stations in the		
Column 3:		e stations ide	ntified by the I	parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WGN	A	1.00	5.5.1	2, 10.0		5.5.1	2, 10.0		
								1.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule				1.00	
Line 2: Enter the	e sum of permitte	d DSEs fror	n block B abo	ove			,	1.00	
Line 3: Subtract (If zero, I	line 2 from line 1 leave lines 4–7 b			•		rate.	<u>, </u>	0.00	
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	line 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	line 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

		WNER OF CABLE ic Cable TV of	ov Inc				S'	YSTEM ID# 006585	Name
36	TVICE Election	C Cable 1 V OI						000505	
	1. CALL	2. PERMITTED	1. CALL	2. PERMITTED	3. DSE		2. PERMITTED	3. DSE	6
	SIGN	BASIS	SIGN	BASIS		SIGN	BASIS		Computation of
									3.75 Fee
		•							
		•	 	•					
		•	 						
		•	 						
			 	•					
		•	 						
		•	 						
		•	 	•					
		•	 						
		•	 						
		•	 						
			 	•					
		•	 	•					

			Ino					S	YSTEM ID#
Service Electric	c Cable I v	of New Jersey	inc.						006585
stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Foral A—Part-time sp 76.59 B—Late-night pr 76.61(S—Substitute car generate Column 5: Indicate Column 6: Compart in block	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). Carriage under all instructions the station's the the DSE fig. B, column 3 differentiation you information you	1981, under former ach distant station in his station for a sing g period and year i arriage on which the regulations cited be mming: Carriage, or 0)(1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 fo DSE for the current ures listed in column of part 6 for this state ou give in columns is	r FCC rules gov dentifed by the gle accounting p n which the car ne station was ca- elow pertain to the in a part-time ba- ring to 76.61(e) C rules, sections regulations, or a form. accounting per ns 2 and 5 and tion. 2, 3, and 4 mus	vern letti peri riag arri thos asis (1)) s 76 auth riod list	ning part-time and subter "F" in column 2 of piod, occurring between ge and DSE occurred lied by listing one of these in effect on June 24s, of specialty program). 6.59(d)(3), 76.61(e)(3) thorizations. For further as computed in parts the smaller of the two	stitute carri part 6 of the n January 1 (e.g., 1981/ e following I, 1981. Iming unde n, or 76.63 (r explanation 2, 3, and 4 o figures her	age. DSE schedule, 1978 and Jur 1) letters r FCC rules, se referring to on, see page (v of this schedule. This figure	ene 30, 19 ections vi) of the should be	e entere
	PERMITT	ED DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
1. CALL					4. BASIS OF			6. P	ERMITTED
SIGN	DSE	PI	ERIOD		CARRIAGE	[OSE		DSE
In block A: If your answer is	"Yes," comple	ete blocks B and C, locks B and C blanl	k and complete	•					
		BLOC	KA: MAJOR	TE	LEVISION MARK	ET			
• Is any portion of the	cable evetem v	vithin a ton 100 maio	or television marl	kat	as defined by section 7	6.5 of ECC	rules in effect l	une 24 ·	10812
l * ·	•		n television man	κσι	_		rules ili ellect J	une 24,	1901!
res—Complete	DIOCKS D ATIC	10.			No—Proceed to	ран о			
BLOCK B: C	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	;
commercial VHF stati	ion that places			H	nity served by the cab	le system p			
			mitted DSE					ate permi	tted DSE
CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE
		-							
		TOTAL DSEs	0.00			<u> </u>	TOTAL DS	Es	0.00
	Instructions: You stations carried pric Column 1: List the Column 2: Indicate Column 3: Indicate (Note that the Fr. A—Part-time sp. 76.59; B—Late-night pr. 76.61; S—Substitute comparting block. IMPORTANT: The statement of account 1: CALL SIGN In block A: If your answer is If your	Instructions: You must complete stations carried prior to June 25, Column 1: List the call sign for each Column 2: Indicate the DSE for the Column 3: Indicate the basis of Column 4: Indicate the basis of Column 6: Septimental Programming: 0.76.59(d)(1),76.61(e B—Late-night programming: 0.76.61(e)(3)). S—Substitute carriage under general instructions Column 5: Indicate the station's ICColumn 6: Compare the DSE figure in block B, column 3 of Column 6: Compare the DSE figure in block B, column 3 of Column 6: Compare the DSE figure in block B, column 3 of Column 6: Compare the DSE figure in block B, column 3 of Column 6: Compare the DSE figure in block B, column 3 of Column 6: Compare the DSE figure in block B, column 3 of Column 6: Compare the DSE figure in block B, column 3 of Column 6: Compare the DSE figure in block B, column 3 of Column 6: Compare the DSE figure in block B, column 3 of Column 6: Compare the DSE figure in block B, column 3 of Column 6: Compare the DSE figure in block B, column 3 of Column 6: Compare the DSE figure in block B, column 3 of Column 6: Compare the DSE figure in block B, column 3 of Column 6: Column 6: Compare the DSE figure in block B, column 3 of Column 6: Column 6: Compare the DSE figure in block B, column 3 of Column 6:	Instructions: You must complete this worksheet for stations carried prior to June 25, 1981, under forme Column 1: List the call sign for each distant station is Column 2: Indicate the DSE for this station for a sing Column 3: Indicate the basis of carriage on which the (Note that the FCC rules and regulations cited by A—Part-time specialty programming: Carriage, Carriage, Carriage, 16, 16, 16, 16, 16, 10, 10, 17, 16, 16, 16, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Instructions: You must complete this worksheet for those stations stations carried prior to June 25, 1981, under former FCC rules go Column 1: List the call sign for each distant station identified by the Column 2: Indicate the DSE for this station for a single accounting Column 3: Indicate the basis of carriage on which the station was commercially in the carriage of the the FCC rules and regulations cited below pertain to 1 A—Part-time specialty programming: Carriage, on a part-time b 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.81(e); B—Late-night programming: Carriage under FCC rules, section 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting per Column 6: Compare the DSE figures listed in columns 2 and 5 and in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 mustatement of account on fie in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED 1. CALL 2. PRIOR 3. ACCOUNTING PERIOD 1. CALL 2. PRIOR 3. ACCOUNTING PERIOD 1. CALL 3. PRIOR 3. ACCOUNTI	Instructions: You must complete this worksheet for those stations id stations carried prior to June 25, 1981, under former FCC rules goven Column 1: List the call sign for each distant station identifed by the let Column 2: Indicate the DSE for this station for a single accounting per Column 3: Indicate the basis of carriage on which the station was carriant (Note that the FCC rules and regulations cited below pertain to tho A—Part-time specialty programming: Carriage, on a part-time basis 76.59(d)17.66.19(e)17.	Instructions: You must complete this worksheet for those stations identifed by the letter "F" stations carried prior to June 25, 1981, under former FCC rules governing part-time and sub Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of p. Column 2: Indicate the DSE for this station for a single accounting period, occurring between Column 3: Indicate the basis of carriage on which the station was carried by itsiling one of the (Note that the FCC rules and regulations cited below pertain to those in effect on June 24 A—Part-time specialty programming: Carriage under FCC rules, sections 76.50(q(3)), 76.51(q(3)), 76.	Instructions: You must complete this worksheet for those stations identified by the letter "F" in column: stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carn: Column 1: List the call sign for each distant station identified by the letter "F" in column 2 in part 6 of the Column 2: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981). Column 3: Indicate the abasis of carriage on which the station was carried by listing one of the following (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: Carriage, on a part-time basis, of specialty programming under 76.59(d)(17).67 (e)(13). B—Late-night programming: Carriage, on a part-time basis, of specialty programming under 76.59(d)(17).67 (e)(17), or 76.63 (f)(76.51(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation of the programming period as computed in parts 2, 3, and 4 Column 6: Congraer the DSE figures listed in columns 2 and 5 and list the smaller of the two figures has the columns 2 and 5 and list the smaller of the two figures has the columns 2 and 5 and list the smaller of the two figures has the columns 2 and 5 and list the smaller of the two figures has the columns 2 and 5 and list the smaller of the two figures has the columns 2 and 5 and list the smaller of the two figures has the columns 2 and 5 and 18 the smaller of the two figures has the columns 2 and 5 and 18 the smaller of the two figures has the columns 2 and 5 and 18 the smaller of the two figures has the columns 2 and 5 and 18 the smaller of the two figures has the columns 2 and 5 and 18 the smaller of the two figures has the columns 2 and 5 and 18 the smaller of the two figures has the columns 2 and 5 and 18 the smaller of the two figures has the columns 2 and 5 and 18 the smaller of the two figures and 5 and 5	Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, p stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: Instructions: The call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the 1985 for this station for a single accounting period, occurring between January 1, 1978 and Jun Column 3: Indicate the accounting period and your in which the carriage and DSE occurring (e.g., 1981). (Note that the FCC rules and regulations cried below perials in those in effect on June 24, 1981. A—Part time specially programming: Carriage, on a part-time basis, of specialty programming under FCC rules, set 75,59(4)(1),76.61(e)(1), or 76.63 (referring to 7.6.61(e)(11). B—Late-right programming: Carriage, on a part-time basis, of specialty programming the result of the part of th	Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e. stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1. Is the call sign for each distant station definited by the time of a part 6 of the DSE schedule. Column 3: Indicate the carriage of an other than the carriage and DSE cocurred (e.g., 1981). Column 3: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981). A-P-art-time specially programming: Carriage, on a part-time basis, of specially programming under FCC rules, sections 76.59(4)(17), 6.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-injt programming: Carriage, on a part-time basis, of specially programming under FCC rules, sections 76.59(4)(17), 6.61(e)(17), 6.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Service Electric Cable TV of New Jersey Inc.	SYSTEM ID# 006585	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,981,607.74	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
	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	Exclusivity 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? \(\text{\text{Y}} \) 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. X 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)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	;	Service Electric Cable TV of New Jersey Inc.	006585
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here.	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	
		section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u> .
	Inetro	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A o	of part
O		checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	_	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B	below
Base Rate Fee	blank What i	r. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribe	rs
		ocated within that station's local service area and others were located outside that area. For the definition of a station's	
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	rour cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$ 3,981,60	07.74
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶	1.00
	Section		
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	64.31 <u></u>
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	<u>-</u>
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	42 364 31
		Base Rate Fee	72,304.31

LEGAL NAME OF OWNER OF CABLE SYSTEM: Service Electric Cable TV of New Jersey Inc.	SYSTEM ID# 006585	Name
Dervice Electric Gable 17 of New Sersey Inc.	000000	
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts (the amount in section 1)		8
B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
		Base Rate Fee
C. Multiply line B by 3.000 and enter here		
D. Enter 0.00330 of gross receipts (the amount in section 1)		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here \$		
G. Add lines A, C, and F. This is your base rate fee.		
Enter here and in block 3, line 1, space L (page 7)		
Base Rate Fee \$	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcinstead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chann	•	
Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take a exclusion, you must:	•	Computation of
		Base Rate Fee and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant a station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	Syndicated Exclusivity Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B b if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant stated to that community.	ation you	for Partially Permitted Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were lead to outside the station's local service area. A subscriber located outside the local service area of a station is distant to that st the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the system will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	stem's subscriber	
In each section:		
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a subscribers in the group. 	ll of the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it and 4 of this schedule; or,		
any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in part 6 of this schedule.	block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in the paper SA3 form.	instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not ne actual calculations on the form.	nat is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006585 Service Electric Cable TV of New Jersey Inc. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE Service Electric C			ıc.			S	YSTEM ID# 006585
В				TE FEES FOR EAC			
	FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		_					
		+					
	<u> </u>	-					
otal DSEs			0.00	Total DSEs			0.00
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
	THIRD	SUBSCRIBER GRO)UP		FOURTH	SUBSCRIBER GRO	UP
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		+					
otal DSEs	-		0.00	Total DSEs	•		0.00
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00
Base Rate Fee Third (Froun	\$	0.00	Base Rate Fee Four	th Group	\$	0.00
Edge Rate 66 Hill (J.0up	[Ψ	0.00	Dasc Nate 1 66 i Oui	an Oroup	Ψ	0.00
Paga Bata Eag. Add 4	no han e ===	to food for oach sub-	oribor are:	as shown in the have	ahova		
sase Rate Fee: Add the state of the same in block in the same and in block in the same in			onber group	as shown in the boxes	above.	\$	0.00

LEGAL NAME OF OWNE Service Electric Ca			c.			S	YSTEM ID# 006585	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
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 Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
S	EVENTH	SUBSCRIBER GRO	UP		EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u>\$</u>	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	e fees for each subsepace L (page 7)	criber group	as shown in the boxes	s above.	\$		

Service Electric Cable TV	BLE SYSTEM: of New Jersey Ir	nc.				YSTEM ID# 006585
			TE FEES FOR EAC			
NINTI COMMUNITY/ AREA	I SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP 0
		U				U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	.					
otal DSEs		0.00	Total DSEs	•		0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
	I SUBSCRIBER GRO	UP		TWELVTH	I SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0
	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	
	CALL SIGN				CALL SIGN	0
	CALL SIGN				CALL SIGN	0
	CALL SIGN				CALL SIGN	0
	CALL SIGN				CALL SIGN	0
	CALL SIGN				CALL SIGN	0
	CALL SIGN				CALL SIGN	0
	CALL SIGN				CALL SIGN	0
	CALL SIGN				CALL SIGN	0
	CALL SIGN				CALL SIGN	0
	CALL SIGN				CALL SIGN	0
	CALL SIGN				CALL SIGN	0
	CALL SIGN				CALL SIGN	0
CALL SIGN DSE	CALL SIGN				CALL SIGN	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE CALL SIGN DSE Fotal DSEs Gross Receipts Third Group		DSE	CALL SIGN Total DSEs	DSE		0 DSE

LEGAL NAME OF OW Service Electric		E SYSTEM: of New Jersey Inc	c.			S	006585	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
	FIFTEENTH	SUBSCRIBER GROU	JP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	\ 		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		-	0.00	Total DSEs		-	0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	o as shown in the boxes	s above.	\$		

BLOCK A:			SYSTEM ID# 006585					
			TE FEES FOR EAC					
	SUBSCRIBER GRO				H SUBSCRIBER GRO			
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		

	Щ				Щ			
otal DSEs		0.00	Total DSEs					
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		
NINTEENTH	SUBSCRIBER GRO)UP		TWENTIETH	SUBSCRIBER GRO	UP		
OMMUNITY/ AREA		0	COMMUNITY/ AREA 0					
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	-							
	•							
otal DSEs		0.00	Total DSEs			0.00		
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		

	COMPLITATION O		SYSTEM ID# 006585					
TIME IT / FIDOT			TE FEES FOR EAC					
	SUBSCRIBER GRO		TWENTY-SECOND SUBSCRIBER GROUP					
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	Ц							
otal DSEs		0.00	Total DSEs					
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		
TWENTY-THIRD	SUBSCRIBER GRO	UP	TWEN	ITY-FOURTH	I SUBSCRIBER GRO	UP		
OMMUNITY/ AREA		0	COMMUNITY/ AREA 0					
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	•							
otal DSEs		0.00	Total DSEs			0.00		
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		

BLOCK A: TWENTY-FIFTH	COMPUTATION O	F BASE RA	TE FEES FOR EAC			•
			11			
COMMUNITY/ AREA	I SUBSCRIBER GRO				SUBSCRIBER GRO	
		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 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
TWENTY-SEVENTH	I SUBSCRIBER GRO	UP	TWE	NTY-EIGHTH	SUBSCRIBER GRO	UP
DMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00

Service Electric Cable TV	BLE SYSTEM: of New Jersey In	ıc.				YSTEM ID# 006585
			TE FEES FOR EAC			
	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ADE/		H SUBSCRIBER GROU	<u>JP</u> 0
COMMUNITY/ AREA		U	COMMUNITY/ AREA			U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	.					
otal DSEs		0.00	Total DSEs	•		0.00
ross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
THIRTY-FIRS	SUBSCRIBER GRO	UP	THIR	TY-SECONE	O SUBSCRIBER GROU	JP
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts Third Group	s	0.00	Gross Receipts Four	th Group	\$	0.00
acconta mila Gloup	\$	0.00	Orosa Medelpis Foul	ωι Οισαμ	Ψ	0.00
	i		H			

LEGAL NAME OF OW Service Electric		LE SYSTEM: of New Jersey In	nc.			S	YSTEM ID# 006585	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
TH	RTY-THIRD	SUBSCRIBER GRO		THIF	RTY-FOURTH	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
07.12 0.0.1	202	07.122 0.01.1	202	07.22 0.0.1	302	07.22 0.0.1	332	Base Rate Fe
								and
								Syndicated
		_						Exclusivity
								Surcharge
		_						for Partially
								Distant
								Stations
		_						
Γotal DSEs		Ц	0.00	Total DSEs		11	0.00	
	_						•	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IRTY-FIFTH	SUBSCRIBER GRO	DUP	T	HIRTY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWI Service Electric			nc.			S	YSTEM ID# 006585	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
THIRTY	/-SEVENTH	SUBSCRIBER GRO	DUP	THI	RTY-EIGHTH	I SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
		_						Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								Stations
		H						
otal DSEs	·		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THI	RTY-NINTH	SUBSCRIBER GRO	DUP		FORTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	\		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_						
		-						
		H						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		ļ*	0.50			L*	3.30	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	BLE SYSTEM: / of New Jersey In	ıc.				YSTEM ID# 006585
			ATE FEES FOR EAC			
	T SUBSCRIBER GRO		H		SUBSCRIBER GRO	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	Щ		+		Ц	
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 Seco	ond Group	\$	0.00
FORTY-THIR	D SUBSCRIBER GRO	UP	FOR	TY-FOURTH	SUBSCRIBER GRO	JP
OMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
	\$	0.00	Total DSEs Gross Receipts Four	rth Group	\$	0.00
Fotal DSEs Gross Receipts Third Group	\$			rth Group	\$	

LEGAL NAME OF OWNER Service Electric Ca			.			SY	STEM ID# 006585	Name
				TE FEES FOR EACH				
	ΓY-FIFTH	SUBSCRIBER GROU	JP 0	li	RTY-SIXTH	SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			<u> </u>	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		_						Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
		-						for Partially
								Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU		ii .	ΓY-EIGHTH	SUBSCRIBER GROUP	D	
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	n 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	above.	\$		

LEGAL NAME OF OWNE Service Electric Ca			c.			S	YSTEM ID# 006585	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.122 0.011	202	07.22 0.0.1	202	0/122 0.0.1	332	07.22 0.0.1	332	Base Rate Fee
								and
								Syndicated
		_						Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	e base rat 3, line 1, s	te fees for each subsepace L (page 7)	criber group	as shown in the boxes	s above.	\$		

Service Electric Cable		E SYSTEM: of New Jersey Ind	c				906585
				TE FEES FOR EAC			
	HIRD S	SUBSCRIBER GRO		Ti .		H SUBSCRIBER GROU	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs	<u> </u>		0.00	Total DSEs			0.00
Fross Receipts First Group)	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
ase Rate Fee First Group	,	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
FIFTY-F	FIFTH	SUBSCRIBER GRO	JP	F	IFTY-SIXTH	H SUBSCRIBER GROU	JP
DMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			0.00	Total DSEs			0.00
otal DSEs		\$	0.00	Gross Receipts Four	th Group	\$	0.00
otal DSEs iross Receipts Third Group	p						

Service Electric Cable	ABLE SYSTEM: V of New Jersey I	nc.			S	49 YSTEM ID# 006585
	A: COMPUTATION C					
	TH SUBSCRIBER GRO		ii e		H SUBSCRIBER GROU	
COMMUNITY/ 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
Gross 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
EIETV NIN	TH SUBSCRIBER GRO	OLID.		SIVTIETL	H SUBSCRIBER GROU	ID
OMMUNITY/ AREA	IN SUBSCRIBER GRI	<u>0</u>	COMMUNITY/ ARE		1 SUBSCRIBER GRUI	<u>0</u>
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
Descripto Third Corre	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
Gross Receipts Third Group						

	COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP	
COMMUNITY/ AREA	SUBSCRIBER GROU	JP	SIX			
		_	Ħ		SUBSCRIBER GROU	
		0	COMMUNITY/ AREA	4		0
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	_					
otal DSEs		0.00	Total DSEs	•		0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$	0.00
	SUBSCRIBER GROU		li		I SUBSCRIBER GROU	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs	·-	0.00	Total DSEs		-	0.00
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00
						_
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00

LEGAL NAME OF OWNE Service Electric Ca			c.			S	YSTEM ID# 006585	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	TY-FIFTH	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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	าดเมต	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Cross ressipts rilet Cr	очр			ll cross rescripto cosc	na Group			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
SIXTY-S	SEVENTH	SUBSCRIBER GRO	UP	SIX	(TY-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		-						
		-						
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsepace L (page 7)	criber group	as shown in the boxes	s above.	\$		

Service Electric Cable	CABLE SYS	STEM: ew Jersey Inc	c				YSTEM ID# 006585
				TE FEES FOR EACH			
	NTH SUBS	SCRIBER GROU		11		I SUBSCRIBER GROU	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN DS	E CA	LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	-						
otal DSEs			0.00	Total DSEs	_		0.00
Gross Receipts First Group	\$		0.00	Gross Receipts Seco	nd Group	\$	0.00
ase Rate Fee First Group	\$		0.00	Base Rate Fee Second	nd Group	\$	0.00
SEVENTY-FI	RST SUBS	CRIBER GROU	JP	SEVENT	Y-SECOND	SUBSCRIBER GROU	JP
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN DS	E CA	LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
							·····
			<u>, </u>				
otal DSEs			0.00	Total DSEs			0.00
Fotal DSEs Gross Receipts Third Group	\$		0.00	Total DSEs Gross Receipts Fourt	th Group	\$	0.00

	BLE SYSTEM: / of New Jersey Ir	1C.				YSTEM ID# 006585
	COMPUTATION O					
SEVENTY-THIRI COMMUNITY/ AREA	D SUBSCRIBER GRO	OUP 0	Ti .		SUBSCRIBER GROU	<u>JP</u> 0
COMMUNITY/ AREA		U	COMMUNITY/ ARE			U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	····					
otal DSEs		0.00	Total DSEs			0.00
Gross 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
SEVENTY-FIFT	H SUBSCRIBER GRO	DUP	SEV	ENTY-SIXTH	I SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ AREA 0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						······•
otal DSEs		0.00	Total DSEs			0.00
	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$			·	\$	

Service Electric Cable 11	BLE SYSTEM: of New Jersey Ir	ıc.				YSTEM ID# 006585
	COMPUTATION O					
	H SUBSCRIBER GRO		11		SUBSCRIBER GROU	
COMMUNITY/ 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
	_	_			_	
oss Receipts First Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
SEVENTY-NINT	H SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP
DMMUNITY/ AREA		0	COMMUNITY/ AREA 0			
ALL 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 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 SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE
Fotal DSEs	CALL SIGN				CALL SIGN	
CALL SIGN DSE		0.00	Total DSEs	rth Group		0.00

Service Electric Cable T	BLE SYSTEM: V of New Jersey II	nc.				98TEM ID# 006585
BLOCK A	: COMPUTATION C	F BASE RA				
	ST SUBSCRIBER GRO		1		SUBSCRIBER GROU	
COMMUNITY/ 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
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
		2.00				0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00
EIGHTY-THIR OMMUNITY/ AREA	D SUBSCRIBER GRO)UP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0
OMMONTT AREA			COMMONT 17 ARE	···		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
			Gross Receipts Fou	rth Group	\$	0.00
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Service Electric Cable TV of New Jersey Inc. 006585								
		COMPUTATION O		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
		_						Exclusivity Surcharge
		_						for
								Partially
		H						Distant
								Stations
Γotal DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGHT	Y-SEVENTH	SUBSCRIBER GRO	DUP	EIG	HTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Service Electric Cable TV of New Jersey Inc. 006585								
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
	-							Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
	-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO	JP 0	ii		SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	······································		U	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-							
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Service Electric Cable TV of New Jersey Inc. 006585								Name
				TE FEES FOR EAC				
	TY-THIRD	SUBSCRIBER GRO		11		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
		_						Exclusivity Surcharge
								for
								Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
·	•							
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	NII	NETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	e base rat 3, line 1, s	e fees for each subs space L (page 7)	criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CA Service Electric Cable T	/ of New Jersey Ir	1C.				006585
			TE FEES FOR EAC			
NINETY-SEVENT	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP 0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			.			
otal DSEs		0.00	Total DSEs		П	0.00
	•	0.00		and Croup	•	0.00
ross Receipts First Group	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
NINETY-NINT	\$ H SUBSCRIBER GRO	DUP	ONE H	UNDREDTH	\$ I SUBSCRIBER GRO	UP
NINETY-NINT				UNDREDTH		
NINETY-NINT		DUP	ONE H	UNDREDTH		UP
NINETY-NINT	H SUBSCRIBER GRO	OUP 0	ONE H	UNDREDTH	SUBSCRIBER GRO	UP 0
NINETY-NINT	H SUBSCRIBER GRO	OUP 0	ONE H	UNDREDTH	SUBSCRIBER GRO	UP 0
NINETY-NINT	H SUBSCRIBER GRO	OUP 0	ONE H	UNDREDTH	SUBSCRIBER GRO	UP 0
NINETY-NINT	H SUBSCRIBER GRO	OUP 0	ONE H	UNDREDTH	SUBSCRIBER GRO	UP 0
NINETY-NINT	H SUBSCRIBER GRO	OUP 0	ONE H	UNDREDTH	SUBSCRIBER GRO	UP 0
NINETY-NINT OMMUNITY/ AREA	H SUBSCRIBER GRO	OUP 0	ONE H	UNDREDTH	SUBSCRIBER GRO	UP 0
NINETY-NINT OMMUNITY/ AREA	H SUBSCRIBER GRO	OUP 0	ONE H	UNDREDTH	SUBSCRIBER GRO	UP 0
NINETY-NINT	H SUBSCRIBER GRO	OUP 0	ONE H	UNDREDTH	SUBSCRIBER GRO	UP 0
NINETY-NINT	H SUBSCRIBER GRO	OUP 0	ONE H	UNDREDTH	SUBSCRIBER GRO	UP 0
NINETY-NINT	H SUBSCRIBER GRO	OUP 0	ONE H	UNDREDTH	SUBSCRIBER GRO	UP 0
NINETY-NINT	H SUBSCRIBER GRO	OUP 0	ONE H	UNDREDTH	SUBSCRIBER GRO	UP 0
NINETY-NINT OMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	OUP 0	ONE H	UNDREDTH	SUBSCRIBER GRO	UP 0
NINETY-NINT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	DUP DSE	ONE H COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE
COMMUNITY/ AREA	H SUBSCRIBER GRO	DUP DSE O.00	ONE H COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE

LEGAL NAME OF OWNER OF CABLE SYSTEM: Service Electric Cable TV of New Jersey Inc. 006585								
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
		-						Exclusivity
								Surcharge
								for Partially
								Distant
		-			<u></u>			Stations
								
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	D FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
					<u>"</u>	-		
		-						
		•						
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n 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	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Service Electric Cable TV of New Jersey Inc. 006585								
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		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	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDREI COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	ONE HUNDR		I SUBSCRIBER GRO	UP 0	
COMMUNITY AREA	~		<u>U</u>	COMMONT IT AREA			<u>.</u>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Service Electric Cable TV of New Jersey Inc. 006585								Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GRO		ONE HUNDI	RED TENTH	SUBSCRIBER GROU	JP	۵
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	EVENTH	SUBSCRIBER GRO		11		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	e base rat 3, line 1, s	te fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Service Electric Cable TV of New Jersey Inc. 006585								
				ATE FEES FOR EAC				
ONE HUNDRED THE COMMUNITY/ AREA		SUBSCRIBER GROL	JP 0	ONE HUNDRED FO COMMUNITY/ AREA		SUBSCRIBER GRO	UP 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	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Page Pate Fee First	Croup		0.00	Page Bate Fee Soco	nd Croup		0.00	
Base Rate Fee First		SUBSCRIPER CROI	•	Base Rate Fee Seco		\$ CLIPSCRIPER CRO	<u>, </u>	
COMMUNITY/ AREA		SUBSCRIBER GROL	<u>0</u>	COMMUNITY/ AREA		I SUBSCRIBER GRO	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	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

OF OWNER OF CABLE SYSTEM: SYSTEM: Control Cable TV of New Jersey Inc.	006585
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
ED SEVENTEENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP	
Y/ AREA O COMMUNITY/ AREA	0
N DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
0.00 Total DSEs	0.00
pts First Group \$ 0.00 Gross Receipts Second Group \$	0.00
	,
ee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
DRED NINTEENTH SUBSCRIBER GROUP ONE HUNDRED TWENTIETH SUBSCRIBER GROUP	
DRED NINTEENTH SUBSCRIBER GROUP ONE HUNDRED TWENTIETH SUBSCRIBER GROUP	
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA	0
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE	DSE
DRED NINTEENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA N DSE CALL SIGN DSE Total DSEs	0.00

Service Electric Cable TV	SLE SYSTEM: of New Jersey Inc	c.			S	YSTEM ID# 006585
			TE FEES FOR EAC			
ONE HUNDRED TWENTY-FIRST	SUBSCRIBER GROU	JP 0	ONE HUNDRED TWEE		SUBSCRIBER GROUP	0
			CONMOUNT I / / KKE/			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	-					
otal DSEs	Щ	0.00	Total DSEs			0.00
			Total DSEs			
oss Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
ONE HUNDRED TWENTY-THIRE	SUBSCRIBER GROUP	1	ONE HUNDRED TWE	NTY-FOURTH	H SUBSCRIBER GROUF)
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00
,	·			- : - : : 	·	
	i		П			

Service Electric Cable TV	BLE SYSTEM: ' of New Jersey I n	ıc.			S	YSTEM ID# 006585
			ATE FEES FOR EAC			
ONE HUNDRED TWENTY-FIFTH	SUBSCRIBER GROU		††		SUBSCRIBER GROUP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		<u></u>			·	
otal DSEs	!!	0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
·				·		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
	SUBSCRIBER GROU		11		SUBSCRIBER GROUP	
	1 SUBSCRIBER GROU	0	ONE HUNDRED TWE		SUBSCRIBER GROUP	0
MMUNITY/ AREA	SUBSCRIBER GROU		11		SUBSCRIBER GROUF	
MMUNITY/ AREA		0	COMMUNITY/ AREA			0
MMUNITY/ AREA		0	COMMUNITY/ AREA			0
MMUNITY/ AREA		0	COMMUNITY/ AREA			0
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE		0	COMMUNITY/ AREA			0
CALL SIGN DSE CALL SIGN DSE		DSE	COMMUNITY/ AREA	DSE		DSE
CALL SIGN DSE CALL SIGN DSE Community Area	CALL SIGN	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE
CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE

	GAL NAME OF OWNER OF CABLE SYSTEM: ervice Electric Cable TV of New Jersey Inc. 006585							Name
	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWI	ENTY-NINTH	SUBSCRIBER GROU	P	ONE HUNDRE	D THIRTIET	H SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		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
								I
								I
								I
								I
								I
Total DSEs		l l	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROU		H		O SUBSCRIBER GROUP		
COMMUNITY/ AREA	\		0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								I
		_						I
		_						I
								I
								I
								1
								I
								I
								1
								I
								I
								1
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE Service Electric C			c.			S	YSTEM ID# 006585	Name
BL	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-FOURTH	I SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	Computation			
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
		=						Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
·	•				•			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	RTY-FIFTH	SUBSCRIBER GROUP)	Ħ		SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		=						
		_						
		_						
		-						
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	e base rat 3, line 1, s	e fees for each subsepace L (page 7)	criber group	as shown in the boxes	s above.	\$		

	GAL NAME OF OWNER OF CABLE SYSTEM: ervice Electric Cable TV of New Jersey Inc. 006585							Name
				TE FEES FOR EACH				
		SUBSCRIBER GROUP		it .		I SUBSCRIBER GROUP		9
COMMUNITY/ ARE	4		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
								İ
								İ
		-						İ
								İ
								ı
Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	ı
								ı
Base Rate Fee First	•	\$	0.00	Base Rate Fee Secon		\$	0.00	ı
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	COMMUNITY/ AREA		I SUBSCRIBER GRO	0	ı
OOMMONT IT AREA				OOMINIONI II AKEA				ı
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
								İ
								ı
								İ
		-						İ
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								İ
								ı
								İ
		-						İ
								İ
								İ
								ı
Total DSEs			0.00	Total DSEs			0.00	ı
	d C	•			h Or	•	_	ı
Gross Receipts Third	u Group	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	ı
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	l
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		l

LEGAL NAME OF OWNER Service Electric Ca			с.			S	YSTEM ID# 006585
				TE FEES FOR EAC			
ONE HUNDRED FORT	TY-FIRST	SUBSCRIBER GROUP		Ħ		SUBSCRIBER GROUF	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			U
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
		_					
		-					
		-					
		•					
otal DSEs			0.00	Total DSFo			0.00
	n	•	0.00	Total DSEs	and Craun	•	0.00
iross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00
ase Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
ONE HUNDRED FORT	Y-THIRD	SUBSCRIBER GROUF)	ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUF)
OMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
otal DSEs			0.00	Total DSEs			0.00
cross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00
Base Rate Fee Third Gro	base rat					\$	0.00

Service Electric Cable T\	BLE SYSTEM: ' of New Jersey In	с.			S	YSTEM ID# 006585
	COMPUTATION OF		TI .			
ONE HUNDRED FORTY-FIFT	H SUBSCRIBER GROUF		H		I SUBSCRIBER GROUP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
NE HUNDRED FORTY-SEVENT	H SUBSCRIBER GROUF)	ONE HUNDRED FO	ORTY-EIGHTH	I SUBSCRIBER GROUP	<u> </u>
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	···					
		ĺ				
otal DSEs		0.00	Total DSEs			0.00
otal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00

LEGAL NAME OF OWNE Service Electric Ca			c.			S	YSTEM ID# 006585	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU		ONE HUNDRE	D FIFTIETH	SUBSCRIBER GROU	JP	۵
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Commutation
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	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	-0.110		0.00	Base Rate Fee Seco	nd Croup		0.00	
		\$				\$		
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU		İ		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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 G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	te fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$		

BI OCK A	V of New Jersey In	nc.				YSTEM ID# 006585
	: COMPUTATION O					
ONE HUNDRED FIFTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	DUP 0	ONE HUNDRED FIF		I SUBSCRIBER GROU	<u>JP</u> 0
		<u> </u>				<u> </u>
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
······································						
otal DSEs	- 11	0.00	Total DSEs		11	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
ONE HUNDRED FIFTY-FIFT	H SUBSCRIBER GRO		li		SUBSCRIBER GROU	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
	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00
Fotal DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$			·	\$	

Service Electric			C.			S	006585	Name
	BLOCK A: (COMPUTATION O	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FIFT	Y-SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED F	IFTY-EIGHTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		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			0.00	T / 1 DOE			0.00	
Total DSEs	0		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	FIFTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the base rat ck 3, line 1,	te fees for each subs	criber group	as shown in the boxe	s above.	\$		

	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# ervice Electric Cable TV of New Jersey Inc. 006585								
I	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
		SUBSCRIBER GRO				SUBSCRIBER GRO		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for Partially	
								Distant	
		-						Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
				<u> </u>					
Base Rate Fee: Add	the base rat	e fees for each sub-	scriber aroun	as shown in the boxe	s above				
inter here and in blo			Johnson group	as shown in the boxe	o abovo.	\$	0.00		

Name	006585						abic i v (Service Electric C
				TE FEES FOR EACH				BI
9		SUBSCRIBER GROU	SIXTH			SUBSCRIBER GROU	FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate		 						
Exclusivit								
Surcharge								
for Partially								
Distant							<u>.</u>	
Stations								
		<u></u>					<u></u>	
		•••						
	0.00			Total DSEs	0.00	,		Γotal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	0.00	\$ SUBSCRIBER GROU		Base Rate Fee Secon	_	\$ SUBSCRIBER GROU		
	0.00			Base Rate Fee Secon	_			
	0.00				JP			
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00	SUBSCRIBER GROU	DSE	CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	CALL SIGN

Name	YSTEM ID# 006585				 _	of New Jersey Ind	able TV o	Service Electric C
				TE FEES FOR EACH				ВІ
9		SUBSCRIBER GROU	TENTH	001444		SUBSCRIBER GROU	NINTH	00144411177777
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate Exclusivit								
Surcharge								
for							<u> </u>	
Partially								
Distant								
Stations								
	0.00			Total DSEs	0.00			Γotal DSEs
					0.00	¢		Gross Receipts First G
	0.00	\$	d Group	IGross Receipts Secor			roup	31033 NECEIDIS FIISI G
	0.00	\$	d Group	Gross Receipts Secon		\$	roup	Bioss Receipts Filst G
	0.00	\$		Gross Receipts Secon Base Rate Fee Secon	0.00	\$		
	0.00		d Group		0.00		roup	3ase Rate Fee First G
	0.00	\$	d Group		0.00	\$	roup	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G E COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 JP	\$ SUBSCRIBER GROU	roup LEVENTH	Base Rate Fee First G E COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	JP 0	\$ SUBSCRIBER GROU	roup LEVENTH	ECOMMUNITY/ AREA CALL SIGN
	0.00 JP	\$ SUBSCRIBER GROU	d Group TWELVTH DSE	CALL SIGN CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GROU	DSE	ECOMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	JP 0	\$ SUBSCRIBER GROU	DSE	Base Rate Fee First G E COMMUNITY/ AREA

NI	YSTEM ID# 006585				C	of New Jersey Inc	able TV o	Service Electric C
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTEENTH			SUBSCRIBER GROU	RTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
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Exclusivit Surcharg							<u>.</u>	
for		 					···	
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<u> </u>								
•							-	
1								
	0.00			Total DSEs	0.00			Total DSEs
					0.00	\$	roun	Gross Receipts First G
	0.00	\$	d Group	Gross Receipts Secon		Ψ	гоар	orosa receipta i iist o
	0.00	\$		Base Rate Fee Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	0.00		roup	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA CALL SIGN	JP 0	\$ SUBSCRIBER GROU	TEENTH	FII COMMUNITY/ AREA CALL SIGN
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon S COMMUNITY/ AREA CALL SIGN	JP 0	\$ SUBSCRIBER GROU	TEENTH DSE	FII COMMUNITY/ AREA CALL SIGN

Name	YSTEM ID# 006585				-	of New Jersey Inc	able TV o	Service Electric C
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTEENTH			SUBSCRIBER GROU	NTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
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Distant								
Stations		-						
		<u> </u>						
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Fross Receipts First G
	0.00	\$		Gross Receipts Secon Base Rate Fee Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	0.00		roup	3ase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	roup	NII COMMUNITY/ AREA CALL SIGN
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GROU	roup	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH DSE	Base Rate Fee Secon T COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROU	DSE	NII COMMUNITY/ AREA CALL SIGN

NI	YSTEM ID# 006585	S			o			LEGAL NAME OF OWNE Service Electric C
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		-					-	
Syndicate						-	-	
Exclusivit						_		
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Stations						-		
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	0.00			Total DSEs	0.00			Total DSEs
				Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Gloss Receipts Secon				
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		\$		Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	0.00		d Group	Base Rate Fee Secon		\$ SUBSCRIBER GROU		
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Name	YSTEM ID# 006585				<i>-</i>	of New Jersey Inc	able TV	Service Electric C
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9		SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
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Name	006585				·		able TV o	Service Electric C
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9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GROU	TY-NINTH	
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Name	YSTEM ID# 006585				C	of New Jersey Inc		LEGAL NAME OF OWNE Service Electric C
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9		SUBSCRIBER GROU	'-FOURTH			SUBSCRIBER GROU	ry-third	
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Name	YSTEM ID# 006585						able TV o	Service Electric C
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9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE	
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Name	YSTEM ID# 006585						able IV	Service Electric C
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9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
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SYSTEM ID# 006585 Name					able TV	
BASE RATE FEES FOR EACH SUBSCRIBER GROUP						
	Y-SECOND			SUBSCRIBER GROU	TY-FIRST	
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Name	YSTEM ID# 006585). 	of New Jersey Inc	able TV	Service Electric C
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9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	ΓY-THIRD	
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Name 9 Computation	YSTEM ID# 006585				C	new Jersey inc	able TV o	Service Electric Ca
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NI	YSTEM ID# 006585				3. 	of New Jersey Inc	able TV	Service Electric C
				TE FEES FOR EACH				
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Name	YSTEM ID# 006585	S			c	of New Jersey Inc		LEGAL NAME OF OWNE Service Electric C
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	YSTEM ID# 006585	S'			C.			LEGAL NAME OF OWNE Service Electric C
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Name	YSTEM ID# 006585	S'			c	of New Jersey Inc		LEGAL NAME OF OWNE Service Electric C
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9		SUBSCRIBER GROU	'-FOURTH			SUBSCRIBER GROU	ry-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Service Electric Cable TV of New Jersey Inc. 006585 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Service Electric Cable TV of New Jersey Inc. 006585 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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