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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2019/2			
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines of the were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account of the country of the covering the entire accounts.	ss of the cable syster on the last day of to	em. he accounting period should so	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	CABLE ONE, INC.			
				00663220192
				006632 2019/2
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626			
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•		
	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	of the system, if di	fferent from the address gi	ven in space B.
System	SPARKLIGHT			
	MAILING ADDRESS OF CABLE SYSTEM: 1059 CORONADO CIRCLE (Number, street, rural route, apartment, or suite number) BORGER, TX 79007 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and i	relist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	BORGER	TX		
Community	Below is a sample for reporting communities if you report multiple ch		·	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda Alliance	MD MD	A B	1 2
	Gering	MD	В	3
	-			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
CABLE ONE, INC.			006632						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should b	e reported in pare	entheses						
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber gro								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
BORGER	TX			First					
DUMAS	TX			Community					
FRITCH	TX								
PAMPA PANHANDLE	TX								
STINNETT	TX TX								
SUNRAY	TX			See instructions for additional information					
WHITE DEER	TX			on alphabetization.					
				Add rows as necessary.					
				rad rows as necessary.					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

006632

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2			
	NO. OF					NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	2,225	\$	40.00				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	65	\$	8.00				
Commercial	195	\$	36.50				
Converter							
 Residential 				1			
 Non-residential 				1			
		†···		1 ľ'''''			i

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	CATEGORY OF SERVICE	<u> </u>	RATE	
Continuing Services:			Installation: Non-residential					
• Pay cable			Motel, hotel			НВО	\$	18.00
 Pay cable—add'l channel 			Commercial			SHOWTIME	\$	18.00
Fire protection			• Pay cable			DIGITAL VALUE PAK	\$	15.00
•Burglar protection			 Pay cable-add'l channel 			STARZ/ENCORE	\$	18.00
Installation: Residential			Fire protection			EXPANDED BASIC	\$	44.00
• First set	\$	90.00	Burglar protection			DVR	\$	15.00
Additional set(s)	\$	60.00	Other services:			HD RECEIVER	\$	7.00
 FM radio (if separate rate) 			• Reconnect	\$	60.00	TIVO Q	\$	15.00
Converter			Disconnect			TIVO MINI	\$	7.00
			Outlet relocation	\$	60.00	DVP	\$	15.00
			Move to new address	\$	30.00			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006632 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** (Yes or No) **CARRIAGE** OF **NUMBER STATION** (If Distant) KACV Ε AMARILLO, TX 8 No **KAMR** 19 Ν No AMARILLO, TX See instructions for additional information KCIT 15 ı No AMARILLO, TX on alphabetization. KCPN-LP 33 AMARILLO, TX ı No KFDA-DT1 10 Ν No AMARILLO, TX KFDA-DT2 10 I-M No AMARILLO, TX KFDA-DT3 10 I-M No AMARILLO, TX **KPTF** 18 No AMARILLO, TX ı 7 KVII Ν No AMARILLO, TX **KVII-DT2** 11 I-M No AMARILLO, TX KAMR-3 19 I-M AMARILLO, TX No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006632 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006632	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 70 substitute program ba	6.61(e)(2) and easies, as explaine	(4), or 76.63 (ed in the next	referring to 76.6 paragraph.	31(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0Do not list the station station was carried	n here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
			-		tion for broadcasting over-the-air in smay be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for r ese terms, see	oncommercia page (v) of th	al educational), one general instru	or "E-M" (for nonc ections located in t	ommercial educational multicast).	
	nave entered "Y	es" in column	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give th	e location of ea Canadian station	ach station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communit he community with	y to which the station is licensed by the handle had been station is identifed.	
		CHANN	EL LINE-UP	AC		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)		

LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				006632	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G
•				•	tain network programs [sections and (2) certain stations carried on a	Primary
substitute program ba	sis, as explaine	ed in the next	paragraph.		• •	Transmitters:
Substitute Basis Substi				s carried by your	cable system on a substitute program	Television
•				ne Special Statem	ent and Program Log)—if the	
station was carried	•		-4'	المحالية عالم عالم	ituta basis and also an associate a	
-	nformation con				itute basis and also on some other of the general instructions located	
		•			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			·	,		
			-		tion for broadcasting over-the-air in	
on which your cable sy			nannei 4 in vvas	nington, D.C. This	s may be different from the channel	
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial	
-	-	•	,	•	cast), "I" (for independent), "I-M"	
For the meaning of the	, .		, .	,	commercial educational multicast). the paper SA3 form.	
Column 4: If the st	ation is outside	e the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local serv					e paper SA3 form. stating the basis on which your	
· ·			•	•	stating the basis on which your stering "LAC" if your cable system	
carried the distant stat	tion on a part-ti	me basis bec	ause of lack of	activated channel	capacity.	
					y payment because it is the subject stem or an association representing	
_				•	ary transmitter, enter the designa-	
					other basis, enter "O." For a further	
					ed in the paper SA3 form. by to which the station is licensed by the	
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	ve the name of t	he community wit	h which the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AD		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
						1
						•
		Ī		I		i

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006632 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006632 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006632	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television
basis under specifc F(• Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
 List the station here, basis. For further ir in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v)	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the	e in each case of the e	whether the s etter "N" (for n oncommercia page (v) of th	etwork), "N-M" (al educational), (e general instru	(for network multion or "E-M" (for nonc actions located in t	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local serv Column 5: If you h cable system carried t	ice area, see p ave entered "Y he distant statio	age (v) of the es" in column on during the	general instruct 4, you must co accounting peri	tions located in the mplete column 5, od. Indicate by en	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
of a written agreement	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing transmitter, enter the designa-	
explanation of these the Column 6: Give the	nree categories e location of ea	, see page (v ich station. Fo	of the general or U.S. stations,	instructions locate list the communit	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the hy which the station is identifed.	
Note: If you are utilizing	ng multiple cha	•	use a separate EL LINE-UP	•	channel line-up.	
	I					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
			•			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006632	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.						
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
Column 2: Give th	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in smay be different from the channel	
Column 3: Indicate educational station, by (for independent multi-	e in each case of entering the lecast), "E" (for n	whether the s etter "N" (for n oncommercia	etwork), "N-M" (al educational), ((for network multion or "E-M" (for nonc	ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast).	
planation of local serv	ation is outside ice area, see p	the local ser age (v) of the	vice area, (i.e. " general instruc	distant"), enter "Y tions located in the	es". If not, enter "No". For an ex- e paper SA3 form.	
cable system carried t carried the distant stat	he distant stationion on a part-ti	on during the me basis bec	accounting peri ause of lack of a	od. Indicate by en activated channel	• •	
of a written agreement	t entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	y payment because it is the subject stem or an association representing ary transmitter, enter the designa-	
explanation of these th	ree categories	, see page (v	of the general	instructions locate	ther basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the	
	Canadian statio	ons, if any, giv	e the name of t	he community witl	h which the station is identifed.	
		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	
			•			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006632 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AI 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006632	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba Substitute Basis \$	sis, as explaine Stations: With	ed in the next respect to an	paragraph. y distant station		and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0Do not list the station station was carried	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
basis. For further in the paper SA3 for	nformation cond	cerning subst	itute basis statio	ons, see page (v)	tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
For the meaning of the	ese terms, see	page (v) of th	ne general instru	ctions located in t	ommercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex-	
cable system carried t	ave entered "Y he distant stati	es" in columr on during the	4, you must co accounting peri	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system	
of a written agreemen	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing	
tion "E" (exempt). For explanation of these the	simulcasts, als	so enter "E". If s, see page (v	you carried the of the general	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of t	he community wit	y to which the station is licensed by the handle had been had been the station is identifed. In channel line-up.	
		CHANN	EL LINE-UP	AJ		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				006632	Name		
PRIMARY TRANSMITTERS: TELEVISION								
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
•	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:		
	•			s carried by your	cable system on a substitute program	Television		
basis under specifc FC				o Consid States	ant and Dragger Lag) if the			
	•		st it in space i (tr	ne Special Statem	ent and Program Log)—if the			
 station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. 								
		-			es such as HBO, ESPN, etc. Identify			
			•	•	ation. For example, report multi- ch stream separately; for example			
WETA-simulcast).			•	,	tion for broadcasting over-the-air in			
			•		s may be different from the channel			
on which your cable sy			tation is a natur	ork atation on ind				
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
	•	•	, .	•	commercial educational multicast).			
For the meaning of the								
planation of local servi					es". If not, enter "No". For an ex- e paper SA3 form			
					stating the basis on which your			
					tering "LAC" if your cable system			
carried the distant stat					capacity. y payment because it is the subject			
					stem or an association representing			
the cable system and	a primary trans	mitter or an a	ssociation repre	esenting the prima	ary transmitter, enter the designa-			
					ther basis, enter "O." For a further			
					ed in the paper SA3 form. by to which the station is licensed by the			
					h which the station is identifed.			
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AK				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
						"		
						.		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006632 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				006632	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76	6.61(e)(2) and ((4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:	
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 FC				o Consid States	ant and Drawers Law if the		
station was carried			st it in space i (tr	ne Special Statem	ent and Program Log)—if the		
• List the station here,	and also in spa nformation cond	ace I, if the st			tute basis and also on some other of the general instructions located		
		-			es such as HBO, ESPN, etc. Identify		
			•	•	ation. For example, report multi- ch stream separately; for example		
WETA-simulcast).			•	,	tion for broadcasting over-the-air in		
			•		s may be different from the channel		
on which your cable sy	stem carried th	ne station.			•		
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
	•	•	, .	•	commercial educational multicast).		
For the meaning of the							
					es". If not, enter "No". For an ex-		
planation of local servi					stating the basis on which your		
cable system carried t	he distant stati	on during the	accounting peri	od. Indicate by en	tering "LAC" if your cable system		
carried the distant stat	•				· · ·		
					y payment because it is the subject stem or an association representing		
_				-	ary transmitter, enter the designa-		
					ther basis, enter "O." For a further		
					ed in the paper SA3 form. by to which the station is licensed by the		
					h which the station is identifed.		
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AM			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION]	
SIGN	CHANNEL		(Yes or No)	CARRIAGE			
	NUMBER	STATION	` ′	(If Distant)			
						1	
						•	
						1	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006632 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006632 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006632 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AP 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				006632	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 981, permitting the	(1) stations carrie he carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G Primary		
substitute program bas	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							
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• List the station here,	• 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							
Column 1: List each each multicast stream	ch station's call associated wit	h a station ac	cording to its ov	ver-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example			
WETA-simulcast). Column 2: Give the	e channel num	ber the FCC I	has assigned to	the television sta	tion for broadcasting over-the-air in s may be different from the channel			
on which your cable sy Column 3: Indicate	ystem carried the in each case	ne station. whether the s	tation is a netwo	ork station, an ind	ependent station, or a noncommercial			
(for independent multi- For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), d ne general instru	or "E-M" (for nonc actions located in t				
planation of local servi	ice area, see p	age (v) of the	general instruc	tions located in th	e paper SA3 form. stating the basis on which your			
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	ntering "LAC" if your cable system capacity. The payment because it is the subject			
of a written agreement the cable system and	t entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, be association repre	etween a cable sy esenting the prima	rstem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further			
explanation of these the Column 6: Give the	nree categories e location of ea	, see page (v ach station. Fo) of the general or U.S. stations,	instructions locate	ed in the paper SA3 form. ty to which the station is licensed by the h which the station is identifed.			
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each				
	•	CHANN	EL LINE-UP	AQ				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006632 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AR 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

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LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#			
CABLE ONE, II	NC.				006632	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
76.59(d)(2) and (4), 76 substitute program ba Substitute Basis \$	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							
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 List the station here, basis. For further in 	List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example			
			-		tion for broadcasting over-the-air in a may be different from the channel			
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ctions located in t	ommercial educational multicast).			
-	ave entered "Y	es" in column	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system			
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing			
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.			
Column 6: Give th	e location of ea Canadian statio	ach station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communit he community with	y to which the station is licensed by the handle had been station is identifed.			
		CHANN	EL LINE-UP	AT				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1		
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)				

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LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
CABLE ONE, II	NC.				006632	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G		
•				•	tain network programs [sections and (2) certain stations carried on a	Primary		
	substitute program 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 F0	basis under specifc FCC rules, regulations, or authorizations:							
 Do not list the station station was carried 	•		st it in space I (th	ne Special Statem	ent and Program Log)—if the			
• List the station here,	and also in spanformation con	ace I, if the st			itute basis and also on some other of the general instructions located			
Column 1: List eac	ch station's call	•			es such as HBO, ESPN, etc. Identify			
			•	•	ation. For example, report multi- ch stream separately; for example			
WETA-simulcast). Column 2: Give th	e channel num	ber the FCC	has assigned to	the television sta	tion for broadcasting over-the-air in			
its community of licens	se. For exampl	e, WRC is Ch	-		s may be different from the channel			
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommercial			
-	-	•	,	•	cast), "I" (for independent), "I-M" commercial educational multicast).			
For the meaning of the	ese terms, see	page (v) of th	ne general instru	ctions located in t	the paper SA3 form.			
Column 4: If the st					es". If not, enter "No". For an ex- e paper SA3 form.			
Column 5: If you h	ave entered "Y	es" in columr	n 4, you must co	mplete column 5,	stating the basis on which your			
cable system carried t		-		•	tering "LAC" if your cable system capacity.			
					y payment because it is the subject stem or an association representing			
the cable system and	a primary trans	mitter or an a	association repre	esenting the prima	ary transmitter, enter the designa-			
					other basis, enter "O." For a further ed in the paper SA3 form.			
Column 6: Give th	e location of ea	ach station. Fo	or U.S. stations,	list the communit	y to which the station is licensed by the			
Note: If you are utilizing				-	h which the station is identifed. channel line-up.			
,		•	EL LINE-UP	•	·			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL		(Yes or No)	CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)				
	l	I				1		

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#			
CABLE ONE, II	NC.				006632	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
substitute program ba Substitute Basis \$	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
Do not list the station	 basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 							
basis. For further in	List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example			
			-		tion for broadcasting over-the-air in a may be different from the channel			
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), d le general instru	or "E-M" (for nonc ections located in t	ommercial educational multicast).			
-	ave entered "Y	es" in column	4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system			
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing			
tion "E" (exempt). For explanation of these th	simulcasts, als	o enter "E". If , see page (v	you carried the) of the general	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.			
	Canadian statio	ons, if any, giv	e the name of t	he community wit	y to which the station is licensed by the handle had been station is identifed. In channel line-up.			
		CHANN	EL LINE-UP	AW				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				

	IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
CAI	BLE ONE, INC.		006632	
Inst all a (as i	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmissio	on service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$	743,452.33	
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gr	oss receipts)	
InstruConConIf yo fee tIf yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the and from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.			Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on line 1	l of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2 i	n block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on	line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K			
	Line 2. Multiply the amount in line 1 by 0.01064	'		
	Enter the result here. This is your minimum fee.	\$	7,910.33	
	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 control of the station	nn 4, you must cho	eck	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	-	
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	\$	-	
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	\$	7,910.33	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 zero.		0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	8,635.33	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the)	additional 1665.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 006632								
	CABLE ONE, INC.									
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Onameis	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364-6195									
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)									
	PHOENIX, AZ 85012-2626 (City, town, state, zip)									
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	em								
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]									
	X /s/ Raymond Storck									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	; "F2"								
	Typed or printed name: RAYMOND STORCK									
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)									
	Date: February 28, 2020									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name						
CABLE ONE, INC. 006632							
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."	Special Statement Concerning						
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.							
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?							
X NO							
YES. Enter the total here and list the satellite carrier(s) below							
Name Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q						
Line 1 Enter the amount of late payment or underpayment	Interest Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here							
xdays 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@loc.gov.							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.							
Owner Address							
First community served Accounting period							
ID number							

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID										
	CABLE ONE, INC.					006632					
	SUM OF DSEs OF CATEGOR		NS:								
	 Add the DSEs of each station Enter the sum here and in line 	0.00									
2	nstructions: n the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5										
-	f space G (page 3).										
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-										
of DSEs for	mercial educational station, give the DSE as ".25."										
Category "O" Stations											
Otationo	CALL CICIT	562	OTTEL STOTA	502	OTTEL STOTA	DSE					
A dd mae											
Add rows as necessary.											
Remember to copy											
all formula into new											
rows.											

,			= 111111111111111111111111111111111111

	LEGAL NAME OF O	WNER OF CABLE SYSTEM:						S	YSTEM ID#
Name	CABLE ONE,	INC.							006632
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should of Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	et the call sign of all dista EFOT each station, give the correspond with the infor FOT each station, give the Divide the figure in colu at least to the third decires For each independent s	ne number of hou mation given in some total number of timn 2 by the figur mal point. This is to station, give the "to tumn 4 by the figu	rs your cable system pace J. Calculate of hours that the state in column 3, and the "basis of carriage ype-value" as "1.0."	m carried the sta nly one DSE for e tion broadcast ov give the result in ge value" for the s " For each netwo	tion during the a each station. rer the air during decimals in colustation. rk or noncomme	the accounting mn 4. This figured reial education and to no less the	period. re must al station, an the	
Capacity		C	ATEGORY LA	AC STATIONS:	COMPUTATI	ON OF DSE	S		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTE	R 3. JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5	. TYPE VALUE	6. DS	E
			<u>÷</u>		=	x		=	
			÷		_	x x		=	
			÷ ÷		=	X			
			÷		=	x		=	
			÷		=	x		=	
			÷		=	x		=	
			÷		=	x		=	
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of page		lule,			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							m).	
		SU	BSTITUTE-BA	ASIS STATION	IS: COMPUTA	ATION OF DS	SEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBE OF PROGF		NUMBER OF DAYS IN YEAR	4. DSE
		-		=			÷		=
		-		=			÷		=
		÷		=			÷ ÷		=
				=			÷		=
		-		=			÷	,	=
	Add the DSEs of	OF SUBSTITUTE-BASI of each station. m here and in line 3 of pa		lule,	▶		0.00		
5		R OF DSEs: Give the am applicable to your system		xes in parts 2, 3, and	d 4 of this schedul	e and add them to	o provide the to	tal	
Total Number	1. Number of	DSEs from part 2 ●				>	0.0	00	
of DSEs	2. Number of	DSEs from part 3 ●			!	<u> </u>	0.0	00	
	3. Number of	DSEs from part 4 ●				-	0.0	00	
									
	TOTAL NUMBEI	R OF DSEs							0.00

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

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID#	
CABLE ONE, I	NC.							006632	Name
Instructions: Bloc In block A:	•								6
 If your answer if 'schedule. 	"Yes," leave the re	emainder of p	art 6 and part 7	of the DSE sched	dule blank and	l complete part	8, (page 16) of th	е	6
If your answer if "No," complete blocks B and C below.									Computation of
BLOCK A: TELEVISION MARKETS									3.75 Fee
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.									
X No—Comp	olete blocks B and	C below.							
BLOCK B: CARRIAGE OF PERMITTED DSEs									
Column 1:	Detail a sell state								
CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jundule. (Note: The	part 2, 3, and 4 of the 25, 1981. For fulle letter M below re Act of 2010.)	rther explanati	ion of permitted	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty station	lles and reguled pursuant to on as defined	ations cited be the FCC mar in 76.5(kk) (76	sis on which you ca low pertain to thos ket quota rules [76 6.59(d)(1), 76.61(e	se in effect on 6.57, 76.59(b), e)(1), 76.63(a)	June 24, 1981 76.61(b)(c), 76 referring to 76	6.63(a) referring to	o	
	D Grandfathered instructions for E Carried pursua *F A station pre-	d station (76.6 or DSE sched ant to individu viously carrie	65) (see paragrule). Jual waiver of F0 Jual on a part-tim	O(c), 76.61(d), 76.6 caph regarding sub CC rules (76.7) e or substitute bas ontour, [76.59(d)(5	estitution of gra	andfathered sta		N 1	
	M Retransmission		•	' ' '	o), 76.61(e)(5)	, 76.63(a) reiei	ing to 76.61(e)(5)]	
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 of	
	triis sorieddic to t		DOL.)						
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
<u></u>									
								0.00	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve					
Line 3: Subtract (If zero, lo	line 2 from line 1 eave lines 4–7 bl			•		ate.		0.00	
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	<u></u>	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here						partially permited/ partially
Line 6: Enter tota	al number of DSE	Es from line	3				Х	_	nonpermitted carriage? If yes, see part
									9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.									906632	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.										
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS										
	1. CALL SIGN	2. PRIC DSE		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE	
7 Computation of the											
Syndicated	ii your ariswer is	ino, leave bi		·							
Exclusivity	BLOCK A: MAJOR TELEVISION MARKET										
Surcharge	• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?										
	Yes—Complete blocks B and C . No—Proceed to part 8										
	BLOCK B: Carriage of VHF/Grade B Contour Stations					BLOCK C: Computation of Exempt DSEs					
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)								commu-		
	Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.					Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.					
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN .	DSE	
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	006632	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	743,452.33	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the 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		

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE PAGE 16

Name			SYSTEM ID# 006632
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). 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. \$\\$\\$\$.	
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i	ctions: trust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. bis a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions. BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	ow
	• Did y	your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1		
	Section 2	Enter the amount of gross receipts from space K (page 7)	.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)	

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

	ACCONTING	
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID# O06632	Name
CABI	LE ONE, INC. 006632	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	0
-	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) * **Tender 1.00701 of gross receipts** * **Tender 1.00701 of g	Computation of
	C. Multiply line B by 3.000 and enter here ►\$	Base Rate Fee
i	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	
	Base Rate Fee ▶ \$ 0.00	
shall ir	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-Space G.	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of clusion, you must:	of Base Rate Fee
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge
must a	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	for Partially Distant Stations, and
How to	o Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
-	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by me token, the station is distant to the subscriber.)	
subscr	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
•	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
	n section:	
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	ibers in the group.	
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	alate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions apper SA3 form.	
page.	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	

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

your actual calculations on the form.

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	STEM ID# 006632	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	P	^
COMMUNITY/ AREA	BORGE	ER/PANHANDLE		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	\$ 743	,452.33	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GROUI	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes at	oove.	\$	0.00	

	Ь	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		BI
9	0	SOBSCRIBER GROO	JIXTTI	COMMUNITY/ AREA	0	SOBSCRIBER GROC		COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv			-			-		
Surchar								
for Partiall								
Distan			<u> </u>					
Station								
			<u> </u>					
	0.00	_		Total DSEs	0.00			otal DSEs
	0.00	¢	d Group		0.00	¢	ou p	ross Receipts First Gro
	0.00	\$	a Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	EIGHTH		IP	SUBSCRIBER GROU	SEVENTH	S
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
								
		i		l I		1		

		_					_	
	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		BI
9	0	CODOCHIDEN CHOC		COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	502	O/ ILL GIGIT	562	07.122 01011	562	67 LEE 61614	202	07.22 0.01
and								
Syndicat								
Exclusiv								
Surchar								
for Partiall								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	auc	ross Receipts First Gr
			а Отоар	Cross ressipis esser			o up	recent telesiple i met en
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	TWELVTH		IP	SUBSCRIBER GROL	EVENTH	EL
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	······							
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G

O Computat								
						COMPUTATION O		
		SUBSCRIBER GROU	JRTEENTH			SUBSCRIBER GROU		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi Surcharg								
for								
Partially								
Distant								
Stations								
		-						
_	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
_			Отомр				о. о . _р	
]	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	ase Rate Fee First G
	JP	SUBSCRIBER GROU	SIXTEENTH		ID	OLIDOODIDED ODOL		
	_				JP	SUBSCRIBER GRO	FIFTEENTH	F
<u></u>	0			COMMUNITY/ AREA	0	SUBSCRIBER GROU		
 	0			it .		SUBSCRIBER GROU		
	DSE	CALL SIGN	DSE	it .		CALL SIGN		
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			CALL SIGN
	DSE	CALL SIGN		CALL SIGN CALL SIGN Total DSEs	0 DSE		DSE	CALL SIGN CALL SIGN Total DSEs
	DSE	CALL SIGN		CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Total DSEs
	DSE			CALL SIGN CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA

CALL SIGN DSE CA	O Computati SE of Base Rate and Syndicate Exclusivit Surcharg for Partially Distant Stations
CALL SIGN DSE CA	Computati SE of Base Rate and Syndicate Exclusivit Surcharg for Partially Distant
CALL SIGN DSE CALL SIGN DSE CALL SIGN DS CAL	Computati SE of Base Rate and Syndicate Exclusivit Surcharg for Partially Distant
	BE of Base Rate and Syndicate Exclusivit Surcharg for Partially Distant
	and Syndicate Exclusivit Surcharg for Partially
	Syndicate Exclusivit Surcharg for Partially Distant
	Exclusivit Surcharg for Partially Distant
	Surcharg for Partially Distant
	for Partially Distant
	Partially Distant
Ottol DSEs	Stations
otol DSEs	
otol DSEs	
otal DSEs	
otal DSEs	
Total DSEs	
Total DSEs	
0.00 Total DSES	00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.0	00
	<u> </u>
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	00
NINTEENTH SUBSCRIBER GROUP TWENTIETH SUBSCRIBER GROUP	
COMMUNITY/ AREAO COMMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DS	 SE
STILL STORY BOL STILL STORY	
Total DSEs Total DSEs	00_
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.0	00
	<u> </u>
Page Pate Foe Third Croup	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	00

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006632	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIRST	SUBSCRIBER GROU	Р	TWENTY	-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
		-						Distant
								Stations
							·	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENT	TY-THIRD	SUBSCRIBER GROU	Р	TWENT	/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat e 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:					006632	Name
				ATE FEES FOR EAC				
TW COMMUNITY/ ARE		SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA		I SUBSCRIBER GROL	JP 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and Syndicate
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
otal DSEs			0.00	Total DSEs		.,	0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
		-						
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
OMMUNITY/ ARE	A		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 Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			scriber group	as shown in the boxes	above.			
nter here and in bl	ock 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:					906632	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-NINTH	SUBSCRIBER GRO	JP	-	THIRTIETH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
						_		Surcharge
						_		for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
·	·			·	·			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GRO	JP	THIRT	Y-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the	e base rat	e fees for each subso	riber group	as shown in the boxes a	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)	-			\$		

Name	1			TE FEES FOR EACH				
						COMPUTATION O		
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computati	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi Surcharg								
for								
Partially								
Distant								
Stations								
"								
					•			
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	ross Receipts First G
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	ross Receipts First G
	0.00	\$ \$	·	Gross Receipts Seco		\$		Gross Receipts First Gr
	0.00		nd Group	Base Rate Fee Seco	0.00	\$ \$ SUBSCRIBER GRO	roup	a se Rate Fee First Gi
_	0.00	\$	nd Group	Base Rate Fee Seco	0.00		roup	a se Rate Fee First Gi
=	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
-	0.00	\$	nd Group	Base Rate Fee Seco	0.00		roup	ase Rate Fee First Gi
= - -	0.00 P 0	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P 0	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	ase Rate Fee First Gi THIR OMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P 0	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P 0	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P 0	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P 0	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P 0	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P 0	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P 0	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P 0	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P 0	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Seco TH COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	roup RTY-FIFTH	THIR COMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE	Base Rate Fee Seco TH COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	CALL SIGN	DSE	THIR COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 P	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Seco TH COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	THIR COMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE	Base Rate Fee Seco TH COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	CALL SIGN	DSE	THIR COMMUNITY/ AREA CALL SIGN Total DSEs

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	= SYSTEM: 					STEM ID# 006632	Name
BL	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIRTY-S	EVENTH	SUBSCRIBER GROU	P	THIR1	Y-EIGHTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						_		and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	IP		FORTIETH	SUBSCRIBER GROUF)	
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 Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	•				F	-		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				11				
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes al	oove.	\$		

	BLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
9	0	SUBSCRIBER GROU	-SECOND S	COMMUNITY/ AREA	0	SUBSCRIBER GROU	r-FIKSI	FORT
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
Syndica								
Exclusiv								
Surchar								
for								
Partial								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-FOURTH	FORT	IP	SUBSCRIBER GROU	Y-THIRD	FORT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00	_		Total DSEs	0.00		J	otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	¢	OUD	
		ad	Jioup	Oross Necelbis Foulth	0.00	Ψ	Jup	Bross Receipts Third Gr
	0.00	<u> </u>						

				TE EEEO EOD E 4 OU		BLOCK A: COMPUTATION OF BASE F					
	ID										
9	0	SUBSCRIBER GROU	KIY-SIXIH	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GROU	KIY-FIFIH	COMMUNITY/ AREA			
Comput				COMMONT IT AREA	<u></u>			OMMONT IT AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rat			-								
and											
Syndica -			-								
Exclusiv Surcha			-								
for											
Partial			-			-					
Distar											
Station											
					<u> </u>						
	0.00			Total DSEs	0.00			otal DSEs			
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	ross Receipts First G			
	0.00										
	0.00 11	18	d Group	Base Rate Fee Secon	0.00	ase Rate Fee First Group \$ 0.00					
	0.00	\$		Base Rate Fee Secon							
	JP	SUBSCRIBER GROU		FOR	JP	\$ SUBSCRIBER GROU		FORTY-			
								FORTY-			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY- OMMUNITY/ AREA			
	JP			FOR	JP			FORTY- OMMUNITY/ AREA			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY- OMMUNITY/ AREA			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY- OMMUNITY/ AREA			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY- OMMUNITY/ AREA			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY- OMMUNITY/ AREA			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY- OMMUNITY/ AREA			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY- OMMUNITY/ AREA			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY- OMMUNITY/ AREA			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY- OMMUNITY/ AREA			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY-			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY- COMMUNITY/ AREA			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY-			
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	FORTY- OMMUNITY/ AREA			
	DSE	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	/-SEVENTH	FORTY- OMMUNITY/ AREA CALL SIGN			
	DSE DSE	CALL SIGN	DSE	Total DSEs	DSE O.00	CALL SIGN	/-SEVENTH	FORTY- OMMUNITY/ AREA CALL SIGN otal DSEs			
	DSE	SUBSCRIBER GROU	DSE	FOR COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	/-SEVENTH	FORTY- COMMUNITY/ AREA CALL SIGN Total DSEs			
	DSE DSE	CALL SIGN	DSE	Total DSEs	DSE O.00	CALL SIGN	/-SEVENTH	FORTY- COMMUNITY/ AREA			

LEGAL NAME OF OWNER CABLE ONE, INC.	E SYSTEM:			SY	STEM ID# 006632	Name		
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR ⁻	TY-NINTH	SUBSCRIBER GROU	JP		FIFTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIF	TY-FIRST	SUBSCRIBER GROU	JP	FIFT	/-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
			<u> </u>					
			<u> </u>			_		
Total DSEs			0.00	Total DSEs	•		0.00	
	***				O me s s s	•	_	
Gross Receipts Third G	roup	*	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		
		- ,						

CABLE ONE, INC.	R OF CABL	E SYSTEM:				S\	O06632	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FIF	TY-THIRD	SUBSCRIBER GROU	JP	FIFT	Y-FOURTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
						—	<u></u>	Stations
			<u> </u>		<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIF	TY-FIFTH	SUBSCRIBER GROU	JP	FI	FTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the	e base rat	e fees for each subso	riber group	as shown in the boxes al	bove.			
Enter here and in block			○ -1			\$		
							-	

				TE FEEC FOD EXCL				
	ID					COMPUTATION OF		
9)P	SUBSCRIBER GROU	IY-EIGHTH	COMMUNITY/ AREA	<u> 0</u>	SUBSCRIBER GROU	SEVENTH	
Computa	U			COMMUNITY AREA	U			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat								
and								
Syndica								
Exclusiv								
Surcha								
for			····					
Partial Distar								
Station						-		
J.a.i.J.			····		···	-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	 \$	roup	ase Rate Fee First G
	0.00	\$	•	Base Rate Fee Secon		\$		
	JP	\$ SUBSCRIBER GROU	•		JP	\$ SUBSCRIBER GROU		FIF
			•	Base Rate Fee Secon				FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF OMMUNITY/ AREA
	JP		•		JP			FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH :	FIF OMMUNITY/ AREA CALL SIGN
	DSE DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	SUBSCRIBER GROU	DSE -	CALL SIGN CALL SIGN otal DSEs
	DSE	SUBSCRIBER GROU	DSE	CALL SIGN	DSE	CALL SIGN	DSE -	CALL SIGN CALL SIGN Total DSEs
	DSE DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE 0.00 0.00 0.00	CALL SIGN	DSE	COMMUNITY/ AREA

CABLE ONE, INC	BLE ONE, INC. SYSTEM ID# 006632 BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							Name
				11				
		SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA	<i></i>		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
								Otations
Total DSEs		11	0.00	Total DSEs			0.00	
	0	_				_	_	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
S	SIXTY-THIRD	SUBSCRIBER GRO		II		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	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
1								
9		SUBSCRIBER GROUI	XTY-SIXTH			SUBSCRIBER GROU	KTY-FIFTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			-					
Syndicate			-					
Exclusivi Surcharg			-					
for		-						
Partially								
Distant								
Stations								
4								
_	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
-			•	'		·	ss Receipts First Group \$ 0.00	
1						se Rate Fee First Group \$ 0.00		
]	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gr
]		\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROU		
- = -								
- = -	P			SIX	JP			SIXTY-
- = -	P			SIX	JP			SIXTY-
- = -	P 0	SUBSCRIBER GROU	TY-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
- = -	P 0	SUBSCRIBER GROU	TY-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
- = -	P 0	SUBSCRIBER GROU	TY-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
- = -	P 0	SUBSCRIBER GROU	TY-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
- = -	P 0	SUBSCRIBER GROU	TY-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
- = -	P 0	SUBSCRIBER GROU	TY-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
- = -	P 0	SUBSCRIBER GROU	TY-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
- = -	P 0	SUBSCRIBER GROU	TY-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
- = -	P 0	SUBSCRIBER GROU	TY-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
- = -	P 0	SUBSCRIBER GROU	TY-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
- = -	P 0	SUBSCRIBER GROU	TY-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
- = -	P 0	SUBSCRIBER GROU	TY-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
- = -	DSE	SUBSCRIBER GROU	TY-EIGHTH	SIX' COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	SEVENTH	SIXTY-SOMMUNITY/ AREA CALL SIGN
- = -	DSE 0.00	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	SUBSCRIBER GROU	DSE	SIXTY-SOMMUNITY/ AREA CALL SIGN Total DSEs
- = -	DSE	SUBSCRIBER GROU	DSE	SIX' COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	SIXTY-S
- = -	DSE 0.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	SIXTY-S COMMUNITY/ AREA CALL SIGN Total DSEs

ROUP 9	BLE ONE, INC. BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP						B
0 9							
	SUBSCRIBER GROUP	VENTIETH			SUBSCRIBER GROU	ΓΥ-NINTH	
i Computat			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							
and							
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Stations							
				<u></u>			
0.00			Total DSEs	0.00	1	1	Total DSEs
0.00	\$	d Group	Gross Receipts Secor	0.00	<u>\$</u>	oup	Gross Receipts First Gr
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	3ase Rate Fee First Gr
ROUP	SUBSCRIBER GROUF	Y-SECOND	SEVENT	 JP	SUBSCRIBER GROU	TY-FIRST	SEVEN
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
······································							
						<u> </u>	
					_		
0.00			Total DSEs	0.00			
0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	
	\$			0.00	\$		Total DSEs Gross Receipts Third G

	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
		BER GROUP	I SUBSCRI	TE FEES FOR EACI	BASE RA	COMPUTATION C	BLOCK A:	В
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computat	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi Surcharg								
for		-						
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Distant								
Stations								
1								
1								
				Total DSEs	0.00			otal DSEs
	0.00	in the second se		10101 2020		tal DSEs		
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
		\$	nd Group		0.00	\$	roup	Gross Receipts First G
		\$ \$				\$ \$		Gross Receipts First Gr
	0.00		nd Group	Gross Receipts Seco	0.00	\$ \$ SUBSCRIBER GRO	roup	sase Rate Fee First G
	0.00	\$	nd Group	Gross Receipts Seco	0.00		roup	sase Rate Fee First G
	0.00 0.00	\$	nd Group	Gross Receipts Seco Base Rate Fee Seco	0.00		roup	Sase Rate Fee First Gi SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup	Sase Rate Fee First Gr SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup	SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup	Sase Rate Fee First Gr SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup	Sase Rate Fee First Gr SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup	Sase Rate Fee First Gr SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup	Sase Rate Fee First Gr SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup	Sase Rate Fee First Gr SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup	Sase Rate Fee First Gr SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup	Sase Rate Fee First Gr SEVEN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup	Sase Rate Fee First Gr SEVEN
	0.00 P 0SE	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	roup	SEVEN COMMUNITY/ AREA CALL SIGN
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup NTY-FIFTH	SEVEN OMMUNITY/ AREA CALL SIGN
	0.00 P 0SE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	Sase Rate Fee First Gr SEVEN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE	Gross Receipts Seco Base Rate Fee Seco SEVE COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	CALL SIGN	DSE	SEVEN COMMUNITY/ AREA CALL SIGN Total DSEs

LEGAL NAME OF OW CABLE ONE, IN							006632	Name
				TE FEES FOR EAC				
		I SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ ARE/	Α		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
,								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEV	ENTY-NINTH	I SUBSCRIBER GRO)UP		EIGHTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Γotal DSEs		II	0.00	Total DSEs			0.00	
	1.0				41.0			
Gross Receipts Thir	u Group	\$	0.00	Gross Receipts Fou	nın Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
ase Rate Fee: Add			scriber group	as shown in the boxe	s above.	\$		
mer here and in bit	JON J, III IC 1,	opaco L (paye 1)				Ψ		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006632	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-FIRST	SUBSCRIBER GROU	Р	EIGHTY	-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
					•			Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
EIGH	ΓY-THIRD	SUBSCRIBER GROU	Р	EIGHT	/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	II as shown in the boxes ab	oove.	\$		

GN DSE of Base Rate and Syndicate Exclusive Surcharge for Partially Distant Stations 0.00 0.00 0.00 0.00 0.00 0.00	DED CDOUD							
O Computation of Base Rate and Syndicate Exclusiving Surchard for Partially Distanting Stations O.00 O.00			TE FEES FOR EACH					
GN DSE of Base Rate and Syndicate Exclusivi Surcharg for Partially Distant Stations 0.00 0.00 0.00 0.00 0.00	SUBSCRIBER GROU	HTY-SIXTH	EIG COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	TY-FIFTH	EIGH' COMMUNITY/ AREA	
Base Rate and Syndicate Exclusivi Surcharg for Partially Distant Stations 0.00 0.00 0.00 ER GROUP 0								
Syndicate Exclusivit Surcharg for Partially Distant Stations 0.00 0.00 0.00 ER GROUP 0	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Syndicate Exclusivit Surcharg for Partially Distant Stations 0.00 0.00 0.00 ER GROUP 0								
O.00 O.00 O.00 O.00 O.00 O.00 O.00								
O.00 O.00 O.00 EER GROUP O								
O.00 O.00 O.00 O.00 O.00 O.00 O.00								
O.00 O.00 ER GROUP O								
0.00 0.00 0.00 ER GROUP								
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0.00 0.00 ER GROUP 0								
0.00 0.00 ER GROUP 0								
0.00 0.00 ER GROUP 0								
0.00 0.00 ER GROUP 0								
0.00 ER GROUP			Total DSEs	0.00				
ER GROUP 0	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00			
0	\$	d Group	Base Rate Fee Secon	0.00	Base Rate Fee First Group \$ 0.00			
	SUBSCRIBER GROU	TY-EIGHTH	EIGH [*]	Р	EIGHTY-SEVENTH SUBSCRIBER GROUP			
GN DSE			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
0.00			Total DSEs	0.00			otal DSEs	
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G	
0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	oup	Base Rate Fee Third G	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006632								Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-NINTH	SUBSCRIBER GROU	JP		NINTIETH	SUBSCRIBER GROUP	Р	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GROU	JP	NINET	Y-SECOND	SUBSCRIBER GROUI	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
2.000 Nocoipio Tilia O	up	<u> </u>	<u> </u>	S. 333 Modelpto i Guitii	J. 54P	<u> </u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

CABLE ONE, INC	··						006632	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs				Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Sec	ond Group	\$	0.00	
					IINICTY CIVIL	I CURCOURER CRO	LID	
NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				COMMUNITY/ ARE		SUBSCRIBER GRO	<u>о</u>	
ONINONITI / AREA				COMMONT 17 ARE	A			
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 Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
					•			
			scriber group	as shown in the boxe	s above.	¢		
Enter here and in blo	ck 3, line 1,	space L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 006632								Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINETY-S	SEVENTH	SUBSCRIBER GROU	IP	NINE	Y-EIGHTH	SUBSCRIBER GROUP)	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						_		Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE ⁻	ΓΥ-NINTH	SUBSCRIBER GROU	IP	ONE HU	NDREDTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u> </u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
	F				F			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	oove.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006632								
				TE FEES FOR EACH					
9	0	SUBSCRIBER GROU	SECOND	ONE HUNDREI COMMUNITY/ AREA	0	SUBSCRIBER GROU	ED FIRST	ONE HUNDRE COMMUNITY/ AREA	
Computa									
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndicat									
Exclusiv									
Surchar for									
Partiall									
Distan									
Station									
	0.00			T	0.00				
	0.00			Total DSEs	0.00				
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	Base Rate Fee First Group \$ 0.00			
	Р	SUBSCRIBER GROU) FOURTH	ONE HUNDRE	Р	SUBSCRIBER GROU	D THIRD	ONE HUNDRE	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
			_						
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third Gr	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006632								Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDR	ED FIFTH	SUBSCRIBER GROU	IP	ONE HUNDE	RED SIXTH	SUBSCRIBER GROUP)	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DCCa			0.00	Total DCC-			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				11				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		
						•		

				TE FEES FOR EACH				
	בט NINTH	SUBSCRIBER GRO	<u>UP</u> 0	II		SUBSCRIBER GROU		9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			0	Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rat
								and
	<mark></mark>							Syndica
								Exclusi
								Surcha for
	···							Partia
								Dista
								Statio
otal DSEs			0.00	Total DSEs			0.00	
Proce Possints First Gr	oup.	¢	0.00	Gross Receipts Seco	nd Group	¢	0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Seco	nia Group	\$	0.00	
ana Bata Foo First Cr								
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED EI		SUBSCRIBER GRO			D TWELVTH	SUBSCRIBER GROU		
ONE HUNDRED EI			UP	ONE HUNDREI	D TWELVTH		JP	
ONE HUNDRED EI			UP	ONE HUNDREI	D TWELVTH		JP	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	LEVENTH	SUBSCRIBER GRO	UP 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP 0	
ONE HUNDRED EI	DSE	SUBSCRIBER GRO	DSE O.00	ONE HUNDREI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE	
ONE HUNDRED EI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO	DSE	ONE HUNDREI COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G	DSE	SUBSCRIBER GRO	DSE 0 0 0 0 0 0 0 0 0 0 0 0	ONE HUNDREI COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE DSE th Group	CALL SIGN	DSE DSE 0.000 0.000	
ONE HUNDRED EI COMMUNITY/ AREA CALL SIGN Cotal DSEs	DSE	SUBSCRIBER GRO	DSE 0 0 0 0 0 0 0 0 0 0 0 0 0	ONE HUNDREI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE th Group	CALL SIGN	DSE	
ONE HUNDRED EI OMMUNITY/ AREA CALL SIGN Dital DSEs ross Receipts Third G	DSE	CALL SIGN CALL SIGN *	DSE 0 0 0 0 0 0 0 0 0 0 0 0	ONE HUNDREI COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE DSE th Group	SUBSCRIBER GROU	DSE DSE 0.000 0.000	
ONE HUNDRED EI OMMUNITY/ AREA CALL SIGN Dital DSEs ross Receipts Third G ase Rate Fee Third G	roup	SUBSCRIBER GRO CALL SIGN * * * * * * * * * * * * *	DSE 0 0 0 0 0 0 0 0 0 0 0 0	ONE HUNDREI COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE DSE th Group	SUBSCRIBER GROU	DSE DSE 0.000 0.000	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006632									
				TE FEES FOR EACH						
	IRTEENTH	SUBSCRIBER GROU		11	URTEENTH	SUBSCRIBER GROUP		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially Distant		
								Stations		
						_				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00			
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00			
ONE HUNDRED F	IFTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	Р			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
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	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Base Rate Fee: Add t Enter here and in bloc			iber group	as shown in the boxes	above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006632								
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED SEVEN	TEENTH	SUBSCRIBER GROU	IP	ONE HUNDRED EIG	HTEENTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						_		Syndicated
								Exclusivity
							<u></u>	Surcharge for
								Partially
								Distant
								Stations
T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED NIN	ITEENTH	SUBSCRIBER GROU	IP	ONE HUNDRED T	WENTIETH	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	<u> </u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
- 112 112 11 11 1 1 1 1 1 1 1 1 1 1 1 1	- 45				- -	·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	oove.	\$		

				TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	SUBSCRIBER GROUP	Y-SECOND S	ONE HUNDRED TWENT	0	SUBSCRIBER GROU	IIY-FIKSI	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	502	ONLE GIGIT	562	OALL GIGIT	202	ONLE GION	DOL	OALL GIGH
and								
Syndica								
Exclusiv								
Surchar for								
Partial								
Distan						-		
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
		SUBSCRIBER GROUP	ΓY-FOURTH :	ONE HUNDRED TWEN		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00				0.00			
	0.00			Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	otal DSEs Gross Receipts Third Gr

		BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF SUBSCRIBER GROUP			
9 Compute	0	SOBSCRIBER GROOF		COMMUNITY/ AREA	0	SOBSCRIBER GROOF		COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndica									
Exclusiv Surchar									
for									
Partial							-		
Distan									
Station									
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	a se Rate Fee First Gro	
		SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE		SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-	
	0			COMMUNITY/ AREA	0				
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
							-		
			_				-		
							-		
	0.00			Total DSEs	0.00			otal DSEs	
				i i					
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third G	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006632								
BL	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
T. () BOS			0.00	T. () D.C.			0.00	
otal DSEs				Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes al	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 006632	Na
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIS	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIR	ΓY-FOURTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
		_						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes al	oove.	s		
Emor here and in block	o, iii ic 1, 5	pace = (page 1)				Ψ		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 006632	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and Syndicated Exclusivity
								Surcharge for Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	•	\$	0.00	
	TY-NINTH	SUBSCRIBER GROUP		i i	ORTIETH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

Total DSEs	I I		0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S)	O06632	NI a see a
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		· · · · · · · · · · · · · · · · · · ·
ONE HUNDRED FOI	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.22 0.011			202		202		302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oun.	¢	0.00	Gross Receipts Second	d Group	<u> </u>	0.00	
Cross recorpts rilist Cr	оцр	Ψ	0.00	Cross receipts eccorn	a Group	Ψ		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FOR	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-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	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes al	bove.	\$		

								Name
				ATE FEES FOR EAG				
		I SUBSCRIBER GROU		11		I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi Surcharç
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
, , ,		·				·		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FOR	TY-SEVENTH	I SUBSCRIBER GROU	P	ONE HUNDRED F	ORTY-EIGHTH	I SUBSCRIBER GROUP)	
OMMUNITY/ AREA	\		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		II						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	 	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		<u>.</u>	3.00				0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.			

EGAL NAME OF OWN CABLE ONE, INC		.E SYSTEM:				S	006632	Mana	
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP			
ONE HUNDRED FO	RTY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDR	ED FIFTIETH	SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
								and	
								Syndicate Exclusivit	
								Surcharge	
								for	
		-						Partially	
			<u></u>					Distant Stations	
						. –		Stations	
otal DSEs			0.00	Total DSEs		•	0.00		
	0	•	(
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		
ONE HUNDRED F	IFTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u></u>						
			<u></u>		······				
		-							
otal DSEs			0.00	Total DSEs			0.00		
Fross Receipts Third	l 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		
				<u>II</u>					
							I		
ase Rate Fee: Add	the base rat	te fees for each subs	criber aroun	as shown in the boxes	above				

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006632	Name
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FIFT	/-FOURTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED FIF	TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

				TE FEES FOR EAC				
ONE HUNDRED FIFTY	/-SEVENTH	SUBSCRIBER GROUP		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rat
								and
								Syndica
								Exclusi
								Surcha
								for Partial
								Distar
								Station
		Ш	• • •					
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		*		Hase Kate I ee Seco	na Group	¥	0.00	
ONE LUNDRED EL	ETV NUNITU							
	FTY-NINTH	SUBSCRIBER GROU	P	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP		
	FTY-NINTH				RED SIXTIETH			
OMMUNITY/ AREA	FTY-NINTH	SUBSCRIBER GROU	P	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP		
OMMUNITY/ AREA			P 0	ONE HUNDR	RED SIXTIETH		0	
OMMUNITY/ AREA		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
CALL SIGN		SUBSCRIBER GROU	DSE	ONE HUNDR COMMUNITY/ AREA CALL SIGN	RED SIXTIETH	SUBSCRIBER GROUP	DSE	
CALL SIGN		SUBSCRIBER GROU	P 0	ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP	0	
CALL SIGN CALL SIGN Otal DSEs	DSE	SUBSCRIBER GROU	DSE	ONE HUNDR COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	
COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	DSE 0	ONE HUNDR COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Total DSEs Bross Receipts Third Community (AREA)	DSE	SUBSCRIBER GROUI CALL SIGN * * * * * * * * * * * * *	DSE 0 0 0 0 0 0 0 0 0 0 0 0	ONE HUNDR COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE th Group	SUBSCRIBER GROUP CALL SIGN *	0 DSE	
OMMUNITY/ AREA CALL SIGN Otal DSEs Tross Receipts Third G	DSE	SUBSCRIBER GROU	DSE 0 0 0 0 0 0 0 0 0 0 0 0	ONE HUNDR COMMUNITY/ AREA CALL SIGN Total DSEs	DSE th Group	CALL SIGN	0 DSE	
OMMUNITY/ AREA CALL SIGN Otal DSEs ross Receipts Third G	DSE	SUBSCRIBER GROUI CALL SIGN * * * * * * * * * * * * *	DSE 0 0 0 0 0 0 0 0 0 0 0 0	ONE HUNDR COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE th Group	SUBSCRIBER GROUP CALL SIGN *	0 DSE	
CALL SIGN CALL SIGN Cotal DSEs Gross Receipts Third Cotal SES Rate Fee Third Cotal SES	Broup Broup	SUBSCRIBER GROUI CALL SIGN \$ \$ te fees for each subs	DSE O.00 O.00 O.00	ONE HUNDR COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE th Group	SUBSCRIBER GROUP CALL SIGN *	0 DSE	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				S	006632	No.	
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	- SUBSCR	IBER GROUP			
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	JP	^	
COMMUNITY/ AREA	BORGE	ER/PANHANDLE		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	
								Gianono	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$ 743	,452.33	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
	THIRD	SUBSCRIBER GROU	JP		FOURTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			•						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third 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		
				II					
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$	0.00		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	SYSTEM:				SY	STEM ID# 006632	Name
Bl	_OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH				
	FIFTH	SUBSCRIBER GROU			SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					202	07.22 0.01	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs		•	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
					•			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU			EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	_		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	e base rate	e fees for each subscr	iber group	as shown in the boxes ab	oove.]	
Enter here and in block	3, line 1, s _l	pace L (page 7)	<u> </u>			\$		

CABLE ONE, INC.		E SYSTEM:				SY	STEM ID# 006632	Name
Е				ATE FEES FOR EACH				
	NINTH	SUBSCRIBER GROU			TENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	ΙΡ		TWELVTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				II				
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes al	bove.	\$		

CABLE ONE, INC.	R OF CABLE	E SYSTEM:				S	YSTEM ID# 006632	Name
				ATE FEES FOR EACH				
	RTEENTH	SUBSCRIBER GROU		H	JRTEENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			O	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					<u> </u>			Exclusivity Surcharge
					<u></u>			for
		-						Partially
								Distant
								Stations
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FII	TEENTH	SUBSCRIBER GROU	P	S	IXTEENTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
					<u> </u>			
					<u></u>			
					 			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

Name	YSTEM ID# 006632	S				E SYSTEM:	R OF CABLE	LEGAL NAME OF OWNER CABLE ONE, INC.
	_			TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	SHTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTEENTH	SEVEN COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fee	502	O'ALL GIGIT	D 0 2	OALL SIGIT	502	OALL GIGIT		O'ALL GIOIN
and			-				-	
Syndicated Exclusivity								
Surcharge								
for			-					
Partially Distant								
Stations								
			-					
						-		
			-					
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
		SUBSCRIBER GROU	WENTIETH			SUBSCRIBER GROU	NTEENTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
			-					
			-					
			-					
		—	-					
			-					
	0.00			Total DSEs	0.00			Total DSEs
	0.00			l				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

LEGAL NAME OF OWI		E SYSTEM:	•			\$	006632	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		H		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	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWE	NTY-THIRD	SUBSCRIBER GRO	UP	TWEN	NTY-FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Foul	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN		E SYSTEM:	_			5	006632	Name
				ATE FEES FOR EAC				
	NTY-FIFTH	SUBSCRIBER GRO		 		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
						. –		Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First (\$	0.00	Base Rate Fee Sec		\$	0.00	
	-SEVENTH	SUBSCRIBER GRO		 		SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	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 bloo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN		E SYSTEM:	•			\$	006632	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	CALL SIGN DSE C			CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		II		SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	¢	0.00	Base Rate Fee Four	rth Group	•	0.00	
Dage Nate CC IIIIIU	<u> </u>	\$	0.00	Dass Nate i de Foul	iai Gioup	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW CABLE ONE, IN		E SYSTEM:	•			\$	006632	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ ARE	<i></i>		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE		of
		-						Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
COMMUNITY/ ARE		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GRO	0	
OOMMONT IT AREA				NAME OF THE PROPERTY OF THE PR				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.	R OF CABLE	E SYSTEM:				S	7STEM ID# 006632	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0,122 0.0.1	202	0.122 0.011				07.22 0.01.	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIR	Y-NINTH	SUBSCRIBER GROU	Р		FORTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	II as shown in the boxes ab	oove.	\$		

CABLE ONE, INC		E SYSTEM:				S	006632	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		SUBSCRIBER GROU		9		
COMMUNITY/ AREA 0				COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
			0.00				0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		 		I SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•				•			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		