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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
2.02.020	\$						
0.00.00	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 If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account Check here if this is the system's first filling. If not, enter the system's ID	ss of the cable syster on the last day of to nunting period.	em. he accounting period should so	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  CABLE ONE, INC.			
				00670220192
				006702 2019/2
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626			
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•		
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT	•	<u> </u>	·
	MAILING ADDRESS OF CABLE SYSTEM:  8400 WEST WESTPARK STREET  (Number, street, rural route, apartment, or suite number)  BOISE, ID 83704  (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and i	relist on page 1b
Area Served	with all communities. CITY OR TOWN	STATE		
First	BOISE	ID		
Community	Below is a sample for reporting communities if you report multiple ch		Space G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
Campio	Alliance	MD	В	2
	Gering	MD	В	3

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

006702

**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.

Served

D

Area

**Note:** Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
BOISE	ID	AA	1
ADA COUNTY	ID	AA	1
CALDWELL	ID	AA	1
CANYON COUNTY (E)	ID	AA	1
CANYON COUNTY (W)	ID	AA	1
EAGLE	ID	AA	1
EMMETT	ID	AA	1
FRUITLAND	ID	AA	1
GARDEN CITY	ID	AA	1
GEM COUNTY	ID	AA	1
GREENLEAF	ID	AA	1
HOMEDALE	ID	AA	1
HORSESHOE BEND	ID	AA	1
KUNA	ID	AA	1
MALHEUR COUNTY	OR	AA	3
MARSING	ID	AA	1
MERIDIAN	ID	AA	1
MIDDLETON	ID	AA	1
NAMPA	ID	AA	1
NEW PLYMOUTH	ID	AA	1
NOTUS	ID	AA	1
NYSSA	OR	AA	3
ONTARIO	OR	AA	3
OWYEE COUNTY	ID	AA	1
PARMA	ID	AA	1
PAYETTE	ID	AA	1
PAYETTE COUNTY	ID	AA	1
PURPLE SAGE	ID	AA	1
STAR	ID	AA	1
VALE	OR	AA	3
WEISER	ID	AA	1
WILDER	ID	AA	1
NEW MEADOWS	ID	AA	2
McCALL	ID	AA	2
DONNELLY	ID	AA	2
CASCADE	ID	AA	2
		- 22 1	

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

006702

## 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.

BL	OCK 1				BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	П	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:									
<ul> <li>Service to first set</li> </ul>	20,257	\$	40.00						
<ul> <li>Service to additional set(s)</li> </ul>									
<ul> <li>FM radio (if separate rate)</li> </ul>									
Motel, hotel									
Commercial									
Converter									
<ul> <li>Residential</li> </ul>									
Non-residential									
		1		1 F					

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE			CATEGORY OF SERVICE	R.	ATE	
Continuing Services:		Installation: Non-residential						
• Pay cable	\$ 18.00	Motel, hotel	\$	40.00		EXPANDED BASIC	\$	44.00
<ul> <li>Pay cable—add'l channel</li> </ul>	12.25-18.00	Commercial	\$	75.00	ı			
Fire protection		• Pay cable	\$	40.00	ı			
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			ľ			
Installation: Residential		Fire protection						
• First set	35.00-90.00	Burglar protection						
<ul> <li>Additional set(s)</li> </ul>	30.00-60.00	Other services:						
• FM radio (if separate rate)		Reconnect	30.0	00-90.00				
Converter		Disconnect			ľ			
		Outlet relocation	\$	30.00				
		<ul> <li>Move to new address</li> </ul>	\$	30.00				

LEGAL NAME OF O	WNER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE	, INC.				006702	Name
PRIMARY TRANSMI	TTERS: TELEVISION	ON				
carried by your cable FCC rules and regular 76.59(d)(2) and (4), substitute program Substitute Basis basis under specific Do not list the statistation was carried. List the station help basis. For further in the paper SA3 Column 1: List the each multicast street.	le system during tallations in effect on the property of the system during tallations in effect on the property of the system of	he accounting n June 24, 19 (4), or 76.63 (ed in the next respect to an ations, or auth G—but do listitute basis. ace I, if the staterning substitute has station ace has station ace has station ace not support the station ace where the station ace has station ace not support to the station according to the station ac	g period, except 181, permitting the referring to 76.6 paragraph. The paragraph is the para	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your the Special Statement of both on a substants, see page (v) an program service for the air designation.	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a  cable system on a substitute program  nent and Program Log)—if the 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	Primary Transmitters: Television
its community of lice on which your cable Column 3: Indiceducational station, (for independent me For the meaning of Column 4: If the planation of local se Column 5: If you cable system carried the distant se	ense. For example e system carried the atte in each case of by entering the legaliticast), "E" (for not these terms, see e station is outside ervice area, see put have entered "Yed the distant statication on a part-time.	e, WRC is Che station. whether the setter "N" (for noncommercial page (v) of the the local serage (v) of the tes" in column on during the me basis became	tation is a netwon tetwork), "N-M" ( al educational), on the general instruction vice area, (i.e. " general instruction 4, you must con accounting perion	hington, D.C. This ork station, an ind (for network multion "E-M" (for none ctions located in distant"), enter "Y tions located in the mplete column 5, od. Indicate by er activated channel	stating the basis on which your stering "LAC" if your cable system	
of a written agreem the cable system ar tion "E" (exempt). F explanation of these <b>Column 6:</b> Give	ent entered into on a primary trans for simulcasts, als three categories the location of eacor Canadian station	n or before Jumitter or an a conter "E". If a, see page (vach station. Foons, if any, given	ssociation repre you carried the ) of the general or U.S. stations, re the name of the	etween a cable sy esenting the prima channel on any c instructions locat list the communithe community with	stem or an association representing ary transmitter, enter the designation between the station is licensed by the hydrothe station is licensed by the hydrothe station is identified.	
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of a written agreem the cable system ar tion "E" (exempt). F explanation of these Column 6: Give FCC. For Mexican of Note: If you are util  1. CALL SIGN  KAID-1  KAID-2  KAID-3  KAID-4  KBOI  KCBB  KIVI-1  KIVI-2  KKJB  KNIN  KTRV-1	ent entered into o nd a primary trans for simulcasts, als e three categories the location of ea or Canadian static izing multiple cha  2. B'CAST CHANNEL NUMBER  21 21 21 21 21 21 21 21 21 21 21 21 21	n or before Jumitter or an a so enter "E". If so, see page (vach station. For ons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  E  E  E  N  I	ssociation representation of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes Yes Yes No	etween a cable system of the primary channel on any constructions located list the community with space G for each space G fo	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the had which the station is identifed.  Channel line-up.  6. LOCATION OF STATION  BOISE, ID  CALDWELL, ID  NAMPA, ID  NAMPA, ID  NAMPA, ID  NAMPA, ID  NAMPA, ID  NAMPA, ID	additional information
of a written agreem the cable system ar tion "E" (exempt). F explanation of these Column 6: Give FCC. For Mexican of Note: If you are util  1. CALL SIGN  KAID-1  KAID-2  KAID-3  KAID-4  KBOI  KCBB  KIVI-1  KIVI-2  KKJB  KNIN  KTRV-1  KTRV-2  KTRV-3	ent entered into one of a primary transfor simulcasts, also three categories of the location of early canadian static dizing multiple characteristic m	n or before Justiniter or an a conter "E". If any, given station. For ons, if any, given el line-ups,  CHANN  3. TYPE  OF  STATION  E  E  E  I  I  I  I  I	ssociation representation of the general or U.S. stations, we the name of the use a separate of the use a separate of the use a separate of the use of the	etween a cable system of the primary channel on any constructions located list the community with space G for each space G fo	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the hamber with the station is identifed.  In channel line-up.  6. LOCATION OF STATION  BOISE, ID  CALDWELL, ID  NAMPA, ID	additional information
of a written agreem the cable system ar tion "E" (exempt). F explanation of these Column 6: Give FCC. For Mexican of Note: If you are util  1. CALL SIGN  KAID-1  KAID-2  KAID-3  KAID-4  KBOI  KCBB  KIVI-1  KIVI-2  KKJB  KNIN  KTRV-1  KTRV-2  KTRV-3  KTVB-1	ent entered into on a primary transfor simulcasts, also three categories the location of ear or Canadian static dizing multiple characteristics.  2. B'CAST CHANNEL NUMBER  21 21 21 21 21 21 21 21 21 21 21 21 21	n or before Jumitter or an a so enter "E". If so, see page (vach station. For ons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  E  E  E  N  I	ssociation representation of the general or U.S. stations, we the name of the use a separate of the use a separate of the use a separate of the use of the	etween a cable system of the primary channel on any constructions located list the community with space G for each space G fo	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the had the had the station is identifed.  Channel line-up.  6. LOCATION OF STATION  BOISE, ID  BOISE, ID  BOISE, ID  BOISE, ID  BOISE, ID  BOISE, ID  CALDWELL, ID  NAMPA, ID  BOISE, ID	additional information
of a written agreem the cable system ar tion "E" (exempt). F explanation of these Column 6: Give FCC. For Mexican of Note: If you are util  1. CALL SIGN  KAID-1  KAID-2  KAID-3  KAID-4  KBOI  KCBB  KIVI-1  KIVI-2  KKJB  KNIN  KTRV-1  KTRV-2  KTRV-3  KTVB-1  KTVB-2	ent entered into on a primary transfor simulcasts, also three categories the location of ear or Canadian static dizing multiple characteristics.  2. B'CAST CHANNEL NUMBER  21 21 21 21 21 21 21 21 21 21 21 21 21	n or before Justiniter or an a conter "E". If any, given station. For ons, if any, given el line-ups,  CHANN  3. TYPE  OF  STATION  E  E  E  I  I  I  I  I	ssociation representations are the period of the general or U.S. stations, we the name of the use a separate of the use a separate of the use and separate of the use and separate of the use of the u	etween a cable system of the primary channel on any constructions located list the community with space G for each space G fo	stem or an association representing ary transmitter, enter the designatither basis, enter "O." For a further ed in the paper SA3 form. by to which the station is licensed by the had the had been designated in the paper SA3 form. by to which the station is identifed. In channel line-up.  6. LOCATION OF STATION  BOISE, ID  BOISE, ID  BOISE, ID  BOISE, ID  BOISE, ID  NAMPA, ID  BOISE, ID  BOISE, ID  NAMPA, ID  NAMPA, ID  BOISE, ID  NAMPA, ID  NAMPA, ID  BOISE, ID	additional information
of a written agreem the cable system ar tion "E" (exempt). F explanation of these Column 6: Give FCC. For Mexican of Note: If you are util  1. CALL SIGN  KAID-1  KAID-2  KAID-3  KAID-4  KBOI  KCBB  KIVI-1  KIVI-2  KKJB  KNIN  KTRV-1  KTRV-2  KTRV-3  KTVB-1	ent entered into on a primary transfor simulcasts, also three categories the location of ear or Canadian static dizing multiple characteristics.  2. B'CAST CHANNEL NUMBER  21 21 21 21 21 21 21 21 21 21 21 21 21	n or before Justiniter or an a conter "E". If so, see page (vach station. Forms, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  E  E  E  I  N  I  I  I  I  I  I  I  I  I  I  I	ssociation representation of the general or U.S. stations, we the name of the use a separate of the use a separate of the use a separate of the use of the	etween a cable system of the primary channel on any constructions located list the community with space G for each space G fo	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the had the had the station is identifed.  Channel line-up.  6. LOCATION OF STATION  BOISE, ID  BOISE, ID  BOISE, ID  BOISE, ID  BOISE, ID  BOISE, ID  CALDWELL, ID  NAMPA, ID  BOISE, ID	additional information

LEGAL NAME OF OWN	IER OF CARLE SY	/STEM·			SYSTEM ID#	!
CABLE ONE, IN		OTEIVI.			006702	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas	system during to ions in effect of 6.61(e)(2) and ( sis, as explaine	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period, except 981, permitting the referring to 76.6 paragraph.	(1) stations carrience carriage of certain (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television
basis under specifc F0	CC rules, regula	ations, or auth	norizations:		ent and Program Log)—if the	relevision
basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA-WETA-simulcast).	and also in spanformation conductorm.  The station's call associated with the station associated with the station as the station and the station are the station as the station are the station ar	ace I, if the stacerning substitution sign. Do not he a station ac streams mus	report origination cording to its over the reported in	ons, see page (v) on on program service ver-the-air designatic column 1 (list eac	tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens on which your cable sy <b>Column 3:</b> Indicate educational station, by (for independent multi-	se. For example a stem carried the in each case we entering the lecast), "E" (for n	e, WRC is Chane station.  whether the setter "N" (for no oncommercial)	nannel 4 in Wasl tation is a netwo network), "N-M" ( al educational), o	hington, D.C. This ork station, an inde (for network multion or "E-M" (for nonc	tion for broadcasting over-the-air in a may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast).	
planation of local servi	ation is outside ice area, see pa ave entered "Y	the local ser age (v) of the es" in column	vice area, (i.e. " general instruct 4, you must co	distant"), enter "Y tions located in th mplete column 5,	es". If not, enter "No". For an ex-	
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	sion of a distant t entered into o a primary trans simulcasts, als aree categories e location of ea Canadian statio	t multicast str n or before Ju mitter or an a o enter "E". If , see page (v ach station. Fo ons, if any, giv	eam that is not sune 30, 2009, be association representation of the general or U.S. stations, we the name of the	subject to a royalt etween a cable sy esenting the prima channel on any o instructions locate list the community with	y payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  If y to which the station is licensed by the howhich the station is identifed.	
		CHANN	EL LINE-UP	AA (CONT'D)		
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	
KYUU-4	35	I	No		BOISE, ID	
						See instructions for additional information on alphabetization.

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006702	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program ba <b>Substitute Basis</b> \$	6.61(e)(2) and e sis, as explaine Stations: With	(4), or 76.63 ( ed in the next respect to an	referring to 76.6 paragraph. by distant station	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the 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	noncommercia page (v) of th	al educational), one general instru	or "E-M" (for nonc ections located in t	ommercial educational multicast).	
cable system carried t	ave entered "Y he distant stati	es" in columr on during the	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	ve the name of t	he community wit	y to which the station is licensed by the handle which the station is identifed. In channel line-up.	
		CHANN	EL LINE-UP	AB		
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#	Name
CABLE ONE, II	NC.				006702	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
76.59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63 (	referring to 76.6	•	tain network programs [sections and (2) certain stations carried on a	Primary
substitute program bas				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F0	CC rules, regul	ations, or autl	horizations:		ent and Program Log)—if the	
station was carried	only on a subs	titute basis.	. ,	·		
-	nformation con				itute basis and also on some other of the general instructions located	
Column 1: List eac	ch station's call	•			es such as HBO, ESPN, etc. Identify ation. For example, report multi-	
cast stream as "WETA			•	•	ch stream separately; for example	
WETA-simulcast). <b>Column 2:</b> Give th	e channel num	ber the FCC	has assigned to	the television sta	tion for broadcasting over-the-air in	
its community of licens on which your cable sy			nannel 4 in Was	hington, 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" commercial educational multicast).	
For the meaning of the					the paper SA3 form. es". If not, enter "No". For an ex-	
planation of local serv	ice area, see p	age (v) of the	general instruc	tions located in th	e paper SA3 form.	
· ·			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	•				capacity. y payment because it is the subject	
of a written agreement	t entered into o	n or before J	une 30, 2009, be	etween a cable sy	stem or an association representing	
_					ary transmitter, enter the designa- other basis, enter "O." For a further	
explanation of these th	ree categories	s, see page (v	) of the general	instructions locate	ed in the paper SA3 form.	
					ty to which the station is licensed by the handle had been been the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AC		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		-

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#		
CABLE ONE, II	NC.				006702	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and easis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television	
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the		
• List the station here,	and also in spa nformation cond	ace I, if the st			tute basis and also on some other of the general instructions located		
Column 1: List each multicast stream	Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example						
			-		tion for broadcasting over-the-air in 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 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-		
-	ave entered "Y	es" in columr	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system		
of a written agreemen	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not a 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	AD			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)			
***************************************							

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 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 006702 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)

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LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				006702	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 Statem	ant and Dragger Lag) if the			
	•		st it in space i (tr	ne Special Statem	ent and Program Log)—if the			
<ul> <li>station was carried only on a substitute basis.</li> <li>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.</li> </ul>								
		-			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 netwo	ork station, an ind	ependent station, or a noncommercial			
					cast), "I" (for independent), "I-M"			
` .	, .		, .	,	commercial educational multicast).			
For the meaning of the Column 4: If the st					the paper SA3 form. es". If not, enter "No". For an ex-			
planation of local 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					tering "LAC" if your cable system capacity.			
For the retransmiss	sion of a distan	t multicast str	eam that is not	subject to a royalt	y payment because it is the subject			
_				•	stem or an association representing ary transmitter, enter the designa-			
_			•	• .	ther basis, enter "O." For a further			
explanation of these th	ree categories	, see page (v	) of the general	instructions locate	ed in the paper SA3 form.			
					y to which the station is licensed by the hybrid which the station is identifed.			
Note: If you are utilizing				•				
		CHANN	EL LINE-UP	Al		-		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL		(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
						, "		
						.		
	I	I		1				

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				006702	Name	
PRIMARY TRANSMITTERS: TELEVISION							
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
_	6.61(e)(2) and	(4), or 76.63 (	referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:	
	•			s carried by your	cable system on a substitute program	Television	
basis under specifc FC				0.000	and and Brown or Locky William		
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 spanformation con	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 Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommercial		
	•	•	, .	•	cast), "I" (for independent), "I-M"		
(for independent multi- For the meaning of the	, .		, .	,	commercial educational multicast).		
					es". If not, enter "No". For an ex-		
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 tering "LAC" if your cable system		
carried the distant stat							
For the retransmiss	sion of a distan	t multicast str	eam that is not	subject to a royalt	y payment because it is the subject		
_				•	stem or an association representing		
_			•	• .	ary transmitter, enter the designa- ther basis, enter "O." For a further		
					ed in the paper SA3 form.		
					y to which the station is licensed by the		
FCC. For Mexican or ( Note: If you are utilizing)				•	h which the station is identifed.		
Troto: II you are daile.	- Ig manapie ona	•	EL LINE-UP	•	Tonamor into up.		
	o DIOAGT				S LOCATION OF STATION		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
SIGN	NUMBER	STATION	(Yes or No)	(If Distant)			
	NOWBER	OTATION		(II Diotant)		-	

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LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006702	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and sis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation con	ace I, if the st			tute basis and also on some other of the general instructions located	
Column 1: List each multicast stream	ch station's call 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 the meaning of the	ese terms, see	page (v) of th	ne general instru	ictions located in t	ommercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex-	
-	nave entered "Y	'es" in columr	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
of a written agreemen	sion of a distan t entered into o	t multicast str n or before J	eam that is not a 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 station	ons, if any, giv	ve 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	AL		
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)		

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LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				006702	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 981, permitting the	(1) stations carrience carriage of cer	ed only on a part-time basis under	<b>G</b> Primary	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc F0	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						
• 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	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		
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 smay 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 ctions located in t			
planation of local servi	ice area, see p	age (v) of the	general instruc	tions located in th	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your		
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	tering "LAC" if your cable system capacity. y payment because it is the subject		
of a written agreement the cable system and	t entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, be association repre	etween a cable sy esenting the prima	stem or an association representing ary transmitter, enter the designa-		
tion "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							
Note: If you are utilizing				•	h which the station is identifed.  n channel line-up.		
	T	CHANN	EL LINE-UP	AN			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006702	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program ba <b>Substitute Basis</b> \$	6.61(e)(2) and ( sis, as explaine <b>Stations:</b> With	(4), or 76.63 ( ed in the next respect to an	referring to 76.6 paragraph. y distant station	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
			-		tion for broadcasting over-the-air in smay be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	noncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
-	ave entered "Y	es" in column	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	
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	ty to which the station is licensed by the handle had been had been had been been the station is identifed.	
		CHANN	EL LINE-UP	AO		
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)		
***************************************						
						1

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 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	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006702	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba Substitute Basis \$	sis, as explaine <b>Stations:</b> With	ed in the next respect to an	paragraph. y distant station		and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
			-		tion for broadcasting over-the-air in smay be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	noncommercia page (v) of th	al educational), one general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
-	ave entered "Y	es" in column	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing	
tion "E" (exempt). For explanation of these the	simulcasts, als	so enter "E". If s, see page (v	you carried the of the general	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of t	he community wit	ty to which the station is licensed by the hand hand hand hand hand hand hand hand	
		CHANN	EL LINE-UP	AQ		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	]
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)		
				•		
						•

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AR 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				006702	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	<b>G</b> Primary
substitute program ba	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					
<ul><li>basis under specifc FC</li><li>Do not list the station station was carried</li></ul>	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
Column 2: Give th	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-	e in each case of entering the lecast), "E" (for n	whether the setter "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" ommercial educational multicast).	
planation of local serv	ation is outside ice area, see p	the local ser age (v) of the	vice area, (i.e. " general instruc	distant"), enter "Yo tions located in the	es". If not, enter "No". For an ex- e paper SA3 form.	
cable system carried t carried the distant stat	he distant stationion on a part-ti	on during the me basis bec	accounting peri ause of lack of a	od. Indicate by en activated channel	•	
of a written agreement	t entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	y payment because it is the subject stem or an association representing ary transmitter, enter the designa-	
explanation of these th	ree categories	, see page (v	of the general	instructions locate	ther basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the	
	Canadian statio	ons, if any, giv	e the name of t	he community with	n which the station is identifed.	
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 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 AT 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 006702 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				006702	Name	
PRIMARY TRANSMITTERS: TELEVISION							
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
•	6.61(e)(2) and (	(4), or 76.63 (	referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:	
	•			s carried by your	cable system on a substitute program	Television	
basis under specifc FC				0.000	and and Brown or Locky William		
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 formation 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 Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommercial		
educational station, by	entering the le	etter "N" (for n	etwork), "N-M"	(for network multi	cast), "I" (for independent), "I-M"		
(for independent multion for the meaning of the	, .		, .	,	commercial educational multicast).		
					es". If not, enter "No". For an ex-		
planation of local servi	ce area, see p	age (v) of the	general instruc	tions located in th	e paper SA3 form.		
_			•	•	stating the basis on which your tering "LAC" if your cable system		
carried the distant stat							
					y payment because it is the subject		
_				•	stem or an association representing ary transmitter, enter the designa-		
_			•	• .	ther basis, enter "O." For a further		
					ed in the paper SA3 form.		
<b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AV			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL		(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			

LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	
CABLE ONE, II	NC.				006702	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 sis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a  cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc Fo</li><li>Do not list the station station was carried</li></ul>	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation con	ace I, if the st			itute basis and also on some other of the general instructions located	
Column 1: List each multicast stream	ch station's call associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
			-		tion for broadcasting over-the-air in s may be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
For the meaning of the	ese terms, see	page (v) of th	ne general instru	ctions located in t	commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex-	
	nave entered "Y	'es" in columr	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
of a written agreemen	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not a 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- other basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian station	ons, if any, giv	e the name of t	he community wit	ty to which the station is licensed by the hand hand hand hand hand hand hand hand	
		CHANN	EL LINE-UP	AW		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	· ·	(If Distant)		
***************************************						

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 CABLE ONE, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006702									
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under sp	ecific present and former FO	CC rules, regu	ulations, or a	uthorizations	. For a further	Substitute	
1. SPECIAL STATEMEN	Γ CONCER	NING SUBST	TITUTE CARRIAGE					Carriage:	
During the accounting per broadcast by a distant state	•	ır cable system	n carry, on a substitute bas	is, any nonn	etwork televi	sion progran		Special Statement and Program Log	
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	nust complete				
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the lett to delete under FCC rules a gram was substituted for present the state of t	of every no distant state gulations, of every no distant state gulations, of the state of the st	nnetwork televion and that your authorization of use general BA Basketball: deast live, enterstation broadcom's location (thous, if any, the when your system of a program carrolisted program ons in effect derivation and the control of the control	rision program (substitute pour cable system substitute pour cable system substitute ins. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls."  For "Yes." Otherwise enter "Pasting the substitute programe community to which the community with which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:01:	ed for the pro- neral instruct r "basketball No." am. station is lic station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	egramming of ions located ". List specificensed by the entified). e numerals, n. List the time 28:30 p.m. services	another state in the paper ic program  FCC or, in with the more accurate hould be was required the listed pro	nth ely		
effect on October 19, 1976				WHI	EN SUBSTI	TUTE	7 DEASON		
	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		CARR 5. MONTH	IAGE OCCU	JRRED IMES	7. REASON FOR DELETION		
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	BEELIGIT		
					_		"		
					_	_			
					_	_			
					_	_			
					_	_ 	<b>"</b>		
					_	_			
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					_	_			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 006702 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name				
CA	BLE ONE, INC.			006702					
Inst all a (as	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 tran	nsmiss	on service	<b>K</b> Gross Receipts				
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  \$ 6,977,810.02								
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Am	nount of g	gross receipts)					
<ul><li>Instru</li><li>Con</li><li>Con</li><li>If yo fee t</li><li>If yo</li></ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. aplete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the and rom block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee				
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $k = 3$ below.	e entered (	on line	1 of					
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ low.	entered on	line 2	in block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be ente	ered or	n line					
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K								
	Line 2. Multiply the amount in line 1 by 0.01064			<u> </u>					
	Enter the result here. This is your minimum fee.	•		74,243.90					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and control of the contro	nn 4, you n od?	nust ch	neck					
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	\$	1	3,553.40					
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00					
	Line 3. Add lines 1 and 2 and enter here	\$		3,553.40					
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	\$		74,243.90	Cable systems				
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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.	r		0.00	submitting additional deposits under				
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)			0.00	Section 111(d)(7) should contact 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	\$		74,968.90	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 th	ee	auditional rees.				

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 006702
	CABLE ONE, INC.	000702
<b>M</b> 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.	
Chaimeid	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	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.	e "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.

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#	Name
CABLE ONE, INC. 006702	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	
(interest charge)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period	
ID number	iii

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	GAL NAME OF OWNER OF CABLE SYSTEM: SYST									
I	CABLE ONE, INC.		006702								
	SUM OF DSEs OF CATEGORY "O" STATIONS:										
	<ul> <li>Add the DSEs of each station</li> </ul>										
	Enter the sum here and in line	1.00									
	Instructions:			•		-					
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5										
0.00	of space G (page 3).	. for oach in dee	andent station sive the DOS	- 00 %4 O"- f	and naturals as a second						
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KAID-1	0.250	0.1.22 0.101.1								
	KAID-2	0.250									
	KAID-3	0.250									
	KAID-4	0.250									
		<u> </u>									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											

•			
		†	

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

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						S	YSTEM ID#
Name	CABLE ONE	, INC.							006702
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista : For each station, give the correspond with the infor : For each station, give the distance of the correspond with the information of the correspond with the information of the corresponding of the co	the number of how mation given in the total number umn 2 by the figural point. This is station, give the lumn 4 by the figurant.	ours your cable systems pace J. Calculate or of hours that the stature in column 3, and of the "basis of carriage" type-value" as "1.0."	m carried the stand one DSE for each one DSE for each network of the result in the stand of the result in the stand of	tion during the each station. The air during decimals in costation.  The rk or noncomment column 6. Recognition is a column 6. Recognition in column 6. Recognition is a column 6. Reco	ng the accou olumn 4. This mercial educa ound to no le	nting period. s figure must ational station, ess than the	
Capacity		C	CATEGORY L	AC STATIONS:	COMPUTATI	ON OF DS	Es		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	S. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	SE
			÷		=	X		=	
			÷ .		=	X		=	
			÷ ÷			X X		=	
						×			
			÷		=	x		=	
			÷	:	=	x		=	
			÷	:	=	x		=	
	Add the DSEs	of CATEGORY LAC Sof each station.  Im here and in line 2 of page 2.		edule,			0.00		
Computation of DSEs for Substitute-Basis Stations	<ul> <li>Was carried tions in effections in effections.</li> <li>Broadcast of space I).</li> <li>Column 2: If at your option.</li> <li>Column 3: If Column 4: If Column 4: If If</li></ul>	e the call sign of each stands by your system in substant on October 19, 1976 (one or more live, nonnetwork for each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a prog as shown by the ork programs dur number of live, spond with the ir in the calendar an 2 by the figure	gram that your system that your system that optional carronnetwork program formation in space I. year: 365, except in the in column 3, and given	n was permitted to a space I); and it is space I was presented in subspace I was presented in contract the space I was presented in the space I was pres	o delete under the word "Yes titution for pro- plumn 4. Rour	or FCC rules and resonance of the resona	of vere deleted than the third	m).
		SU	BSTITUTE-E	BASIS STATION	S: COMPUTA	ATION OF I	DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBEF OF DAYS IN YEAR	_	1. CALL SIGN	2. NUM OF PRO	BER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		<u>.</u>		=			÷		=
				<u> </u>			÷		=
				=			÷		=
		÷		=			÷ ÷		=
				=			÷		
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS:	edule,	▶		0.00		
5		ER OF DSEs: Give the ames applicable to your system		oxes in parts 2, 3, and	l 4 of this schedule	e and add ther	m to provide tl	he total	
Total Number	1. Number o	f DSEs from part 2 ●				<b></b>		1.00	
of DSEs	2. Number o	f DSEs from part 3 ●			<u>_</u>	<u> </u>		0.00	
	3. Number o	f DSEs from part 4 ●				<b>-</b>		0.00	
	TOTAL NUMBE	R OF DSEs					<u> </u>		1.00

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

CABLE ONE, I		SYSTEM:					S	YSTEM ID# 006702	Namo
Instructions: Block A: In block A: If your answer if schedule. If your answer if	"Yes," leave the re	emainder of pa	below.	of the DSE sched		l complete part	8, (page 16) of the	e	6 Computation of
	plete part 8 of the plete plete part 8 of the plete blocks B and blete blocks B and blocks	utside of all machematics of all machematics and regulation and regulation extension ariate letter indules and regulation as defined al education and station (76.6 or DSE schedulations) carried wiously carried the station with	ck B: CARR  ations listed in prior to June (Note: The licating the base ations cited be to the FCC mark) (1) (1) (2) (3) (3) (4) (4) (4) (5) (5) (5) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	er markets as define LETE THE REMAINALETE THE	MITTED DS  this schedule ther explanat fers to an exercise in effect on .57, 76.59(b), (1), 76.63(a) 3(a) referring stitution of grains prior to Junion (1), and the second (1), and the second (2), and the second (3), and the s	ART 6 AND 7.  SES  that your systemon of permitted empt multicast station. June 24, 1981, 76.61(b)(c), 76, 76, 76, 76, 76, 76, 76, 76, 76, 76	m was permitted to distations, see the stream as set forth) 6.63(a) referring to distance in the	o carry in the	3.75 Fee
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KAID-1	С	0.25							
KAID-2	С	0.25							
KAID-3	С	0.25							
KAID-4	С	0.25							
								1.00	
		В	SLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from բ	oart 5 of this	schedule					
Line 2: Enter the	sum of permitte	d DSEs from	n block B abo	ve			1.		
				of DSEs subject 7 of this schedule		rate.			
Line 4: Enter gro	ess receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	ınd enter sur	n here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	Es from line	3						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	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

			UED)	· /001 == · ·	1011111	A TELEVIC	DI 0011		
6	0.55-				SION MARKETS			o B=5:.:	
	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN
Computation 3.75 Fee									
	•••••								

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM  0067									
	BLOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EAC	CH SUBSCRIE	BER GROUP			
		SUBSCRIBER GROU				SUBSCRIBER GROU	JP		
COMMUNITY/ AREA	BOISE	& NAMPA		COMMUNITY/ ARE	A NEW ME	ADOWS/MCCAL	L/DON/CAS	<b>9</b> Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
				KAID-1	0.25			Base Rate Fe	
				KAID-2	0.25			and	
				KAID-3	0.25			Syndicated	
				KAID-4	0.25			Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
		-			-			Otalion.	
						-			
						-			
Total DSEs			0.00	Total DSEs			1.00		
Gross Receipts First (	Group	\$ 6,471	,290.91	Gross Receipts Sec	ond Group	\$ 3	33,966.50		
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	3,553.40		
	THIRD	SUBSCRIBER GROU	JP						
COMMUNITY/ AREA	MALHE	EUR/NYSSA/ONTA	ARIO/VAL	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u> </u>						
						-			
T 44 B25			0.00	T			0.00		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$ 172	2,552.61	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth Group \$ 0.00					
<b>Base Rate Fee:</b> Add t Enter here and in bloc		te fees for each subsc space L (page 7)	riber group a	as shown in the boxes	above.	\$	3,553.40		

LEGAL NAME OF OWNER CABLE ONE, INC.	ABLE ONE, INC.  SYSTEM ID# 006702								
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP			
	FIFTH	SUBSCRIBER GROU	P		SIXTH	SUBSCRIBER GROUP	)	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
***************************************								for	
								Partially Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
Ç	SEVENTH	SUBSCRIBER GROU	ΙP		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 <b>base rat</b> e	e fees for each subsc	riber group	as shown in the boxes at	oove.				
Enter here and in block	3, line 1, s	pace L (page 7)				\$			

2 Name				TE EEEO EOO EAOU				
				TE FEES FOR EACH		COMPUTATION O		В
9	<u>0</u>	SUBSCRIBER GROUI	IENTH	COMMUNITY/ AREA	<u> 0</u>	SUBSCRIBER GRO	NINTH	
Computati	U			OWNING NET Y/ AREA	U			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate		-						
and								
Syndicate  Exclusivit							···	
Surcharg			<u> </u>				···	
for								
Partially								
Distant								
Stations								
_	0.00			Total DSEs	0.00			otal DSEs
-	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Bross Receipts First Gr
-   1	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
-   ]	0.00	\$	·	Gross Receipts Secon  Base Rate Fee Secon		\$	·	·
- ] 	0.00	\$	d Group	·	0.00		roup	Base Rate Fee First Gr
- - -	0.00		d Group	·	0.00	\$ \$ SUBSCRIBER GROUND	roup	Base Rate Fee First Gr
- - -	<b>0.00</b>	\$	d Group	Base Rate Fee Secon	<b>0.00</b>		roup	Base Rate Fee First Gr
- - -	<b>0.00</b>	\$	d Group	Base Rate Fee Secon	<b>0.00</b>		roup	Base Rate Fee First Gr
- - -	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr El
- - -	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr El
- - -	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr El
- - -	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr El
- - -	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr El
- - -	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr El
- - -	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr El
- - -	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr El
- - -	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr El
- - -	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr El
- - -	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr El
	0.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr El
	O.00	\$ SUBSCRIBER GROUI	d Group	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GRO	oup LEVENTH	Base Rate Fee First Gr  EI  COMMUNITY/ AREA  CALL SIGN
	0.00	\$ SUBSCRIBER GROUI	DSE	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00	SUBSCRIBER GRO	DSE	CALL SIGN  Cotal DSEs
	O.00	\$ SUBSCRIBER GROUI	DSE	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GRO	DSE	Base Rate Fee First Gr El
	0.00	SUBSCRIBER GROUI	DSE	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00	CALL SIGN	DSE	Base Rate Fee First Gr  EI  COMMUNITY/ AREA  CALL SIGN  Total DSEs

Name	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006702										
				E FEES FOR EACH							
9		SUBSCRIBER GROUP	RTEENTH :			SUBSCRIBER GROU	RTEENTH				
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate F						-					
and											
Syndicated Exclusivity											
Surcharge											
for							-				
Partially											
Distant Stations											
Otations											
	0.00		<u>l</u>	Fotal DSEs	0.00			Total DSEs			
	0.00	<b>\$</b>	d Group	Gross Receipts Secon	0.00	<u> </u>	מווכ	Gross Receipts First Gro			
	0.00	Ψ	Стопр	oross Receipts decom	0.00		Jup	oross receipts i list ore			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro			
		SUBSCRIBER GROUP	IXTEENTH :			SUBSCRIBER GROU	TEENTH				
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
							-				
	<mark>.</mark>										
	0.00			Γotal DSEs	0.00			Total DSEs			
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr			
	0.00		-	•				•			
	0.00										

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006702										
				TE FEES FOR EAC						
	NTEENTH	SUBSCRIBER GROU		<del>                                      </del>		SUBSCRIBER GROU		9		
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
							and			
								Syndicated Exclusivity		
						-		Surcharge		
								for		
								Partially		
								Distant Stations		
								Otations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00			
·										
Base Rate Fee First C	•	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
	INTEENTH	SUBSCRIBER GROU		<del>II</del>		SUBSCRIBER GROU				
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA		0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						_				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
							$\neg \neg  $			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
Base Rate Fee: Add t			riber group	as shown in the boxes	above.	\$				

LEGAL NAME OF OWNER CABLE ONE, INC.	SAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 006702								
ВІ	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	<b>9</b> Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
		-						and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
		-						Distant	
							0	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 Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
TWENT	Y-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 <b>base rate</b> 3, line 1, s <sub>l</sub>	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$			

	CABLE ONE, INC. 006702											
				BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  TWENTY-FIFTH SUBSCRIBER GROUP  TWENTY-SIXTH SUBSCRIBER GROUP								
<b>⊣</b> 9		SUBSCRIBER GROU	NTY-SIXTH			SUBSCRIBER GRO	ITY-FIFTH					
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												
4												
	0.00			Total DSEs	0.00			otal DSEs				
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	ross Receipts First Gr				
.   	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	ross Receipts First Gr				
	0.00	\$ \$	·	Gross Receipts Secon		\$ \$		ross Receipts First Gr ase Rate Fee First Gr				
 	0.00		d Group	Base Rate Fee Secon	0.00	\$ \$ SUBSCRIBER GROUNDS	roup	<b>ase Rate Fee</b> First Gr				
    -	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	<b>ase Rate Fee</b> First Gr				
    -  -  -	<b>0.00</b>	\$	d Group	Base Rate Fee Secon	<b>0.00</b>		roup	ase Rate Fee First Gr				
  -  -  -	<b>0.00</b>	\$	d Group	Base Rate Fee Secon	<b>0.00</b>		roup	ase Rate Fee First Gr				
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA				
 	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA				
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA				
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA				
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA				
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA				
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA				
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA				
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA				
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA				
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA				
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA				
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon  TWEN  COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GRO	SEVENTH	TWENTY-S OMMUNITY/ AREA  CALL SIGN				
	0.00 P	\$ SUBSCRIBER GROU	d Group  TY-EIGHTH  DSE	TOTAL DSES	0.00	SUBSCRIBER GRO	DSE	TWENTY-S OMMUNITY/ AREA  CALL SIGN  Dital DSEs				
	0.00 P	\$ SUBSCRIBER GROU	d Group  TY-EIGHTH  DSE	Base Rate Fee Secon  TWEN  COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GRO	DSE	TWENTY-S OMMUNITY/ AREA  CALL SIGN				
	0.00 P	SUBSCRIBER GROU	d Group  TY-EIGHTH  DSE	TOTAL DSES	0.00	CALL SIGN	DSE	TWENTY-S OMMUNITY/ AREA  CALL SIGN  Dital DSEs				

	-							
	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9 Compute	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	302	G/ILL GIGIT	562	ONEE GIGHT	562	67 LE	302	07.122.0101.1
and						-		
Syndica			-					
Exclusiv								
Surchar								
for Partiall								
Distan								
Station						-		
	2.00							
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	oss Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	/-SECOND	THIRT	IP	SUBSCRIBER GROU	TY-FIRST	THIR
	COMMUNITY/ AREA 0							OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						_		
			-					
						-		
			-					
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	
		\$ \$			0.00	\$ \$		otal DSEs  Bross Receipts Third Gr  Brase Rate Fee Third Gr

LEGAL NAME OF OWNER CABLE ONE, INC.	ABLE ONE, INC.  SYSTEM ID#  006702								
ВІ	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
THIRT	Y-THIRD	SUBSCRIBER GROU	Р	THIRT	/-FOURTH	SUBSCRIBER GROUP		0	
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
							0	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		
THIR	TY-FIFTH	SUBSCRIBER GROU	Р	THIF					
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 <b>base rate</b> 3, line 1, s <sub>l</sub>	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$			

Name								
						COMPUTATION C		
9		SUBSCRIBER GROU	TY-EIGHTH			SUBSCRIBER GRO	-SEVENTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate								
Exclusivit Surcharg								
for								
Partially								
Distant		-						
Stations								
_								
	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
	_	\$	nd Group		0.00	\$	Group	Gross Receipts First G
	_	\$				\$		·
	0.00		nd Group	Gross Receipts Seco	0.00	\$ \$ SUBSCRIBER GRO	Group	<b>3ase Rate Fee</b> First G
=	0.00	\$	nd Group	Gross Receipts Seco	0.00		Group	Gross Receipts First G  Base Rate Fee First G  THIR  COMMUNITY/ AREA
-	0.00 0.00	\$	nd Group	Gross Receipts Secondary Base Rate Fee Secondary	<b>0.00</b>		Group	<b>3ase Rate Fee</b> First G
-	0.00 0.00	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Secondary Base Rate Fee Secondary AREA	0.00 JP 0	SUBSCRIBER GRO	Group	Base Rate Fee First G  THIR  COMMUNITY/ AREA
- -	0.00 0.00	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Secondary Base Rate Fee Secondary AREA	0.00 JP 0	SUBSCRIBER GRO	Group	Base Rate Fee First G  THIR  COMMUNITY/ AREA
-	0.00 0.00	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Secondary Base Rate Fee Secondary AREA	0.00 JP 0	SUBSCRIBER GRO	Group	Base Rate Fee First G  THIR  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Secondary Base Rate Fee Secondary AREA	0.00 JP 0	SUBSCRIBER GRO	Group	Base Rate Fee First G  THIR  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Secondary Base Rate Fee Secondary AREA	0.00 JP 0	SUBSCRIBER GRO	Group	Base Rate Fee First G  THIR  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Secondary Base Rate Fee Secondary AREA	0.00 JP 0	SUBSCRIBER GRO	Group	Base Rate Fee First G  THIR  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Secondary Base Rate Fee Secondary AREA	0.00 JP 0	SUBSCRIBER GRO	Group	Base Rate Fee First G  THIR  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Secondary Base Rate Fee Secondary AREA	0.00 JP 0	SUBSCRIBER GRO	Group	Base Rate Fee First G  THIR  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Secondary Base Rate Fee Secondary AREA	0.00 JP 0	SUBSCRIBER GRO	Group	Base Rate Fee First G  THIR  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Secondary Base Rate Fee Secondary AREA	0.00 JP 0	SUBSCRIBER GRO	Group	Base Rate Fee First G  THIR  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Secondary Base Rate Fee Secondary AREA	0.00 JP 0	SUBSCRIBER GRO	Group	Base Rate Fee First G  THIR  COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Secondary Base Rate Fee Secondary AREA	0.00 JP 0	SUBSCRIBER GRO	Group	Base Rate Fee First G  THIR  COMMUNITY/ AREA
	0.00 P 0SE	\$ SUBSCRIBER GROU	FORTIETH	Gross Receipts Second Base Rate Fee Second COMMUNITY/ AREA	JP 0 DSE	SUBSCRIBER GRO	Group	THIR COMMUNITY/ AREA  CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU	DSE	Gross Receipts Second  Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  JP  OSE  0.00	SUBSCRIBER GRO	DSE	THIR COMMUNITY/ AREA  CALL SIGN  Total DSEs
	0.00 P 0SE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Second Base Rate Fee Second COMMUNITY/ AREA	JP 0 DSE	SUBSCRIBER GRO	DSE	Base Rate Fee First G  THIR  COMMUNITY/ AREA
	0.00 P	\$  SUBSCRIBER GROU  CALL SIGN	DSE	Gross Receipts Second  Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  JP  OSE  0.00	CALL SIGN	DSE	THIR COMMUNITY/ AREA  CALL SIGN  Total DSEs

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 006702	Name
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
FOR <sup>-</sup>	ΓY-FIRST	SUBSCRIBER GROU			-SECOND	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 Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
FORT	Y-THIRD	SUBSCRIBER GROU	Р	FORTY	′-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

		DED ODOLID	01100001	TE FEES FOR EACH	DACEDA	COMPUTATION O		
9		SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GRO	RTY-FIFTH	
Computat	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and		-						
Syndicate								
Exclusivi Surcharç								
for								
Partially								
Distant								
Stations								
4								
_	0.00			Total DSEs	0.00			otal DSEs
	0.00	¢						Descripto First O
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	ross Receipts First Gr
.   1	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	ross Receipts First Gr
	0.00	\$	·	Gross Receipts Secon  Base Rate Fee Secon		\$	·	·
.   ] 	0.00		d Group	Base Rate Fee Secon	0.00		roup	<b>ase Rate Fee</b> First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$ \$ SUBSCRIBER GRO	roup	ase Rate Fee First Gr FORTY-S
	<b>0.00</b>	\$	d Group	Base Rate Fee Secon	<b>0.00</b>		roup	ase Rate Fee First Gr
	<b>0.00</b>	\$	d Group	Base Rate Fee Secon	<b>0.00</b>		roup	FORTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	ase Rate Fee First Gr
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	ase Rate Fee First Gr FORTY-S OMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	FORTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon  FOR  COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GRO	SEVENTH	FORTY-S OMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU	d Group  TY-EIGHTH  DSE	FOR COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  JP  O  DSE  0.00	SUBSCRIBER GRO	DSE	FORTY-S OMMUNITY/ AREA  CALL SIGN  Dital DSEs
	0.00 P	\$ SUBSCRIBER GROU	d Group  TY-EIGHTH  DSE	Base Rate Fee Secon  FOR  COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GRO	DSE	FORTY-SOMMUNITY/ AREA
	0.00 P	\$  SUBSCRIBER GROU  CALL SIGN	d Group  TY-EIGHTH  DSE	FOR COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  JP  O  DSE  0.00	CALL SIGN	DSE	FORTY-S OMMUNITY/ AREA  CALL SIGN  otal DSEs

CABLE ONE, INC		E SYSTEM:				S	006702	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO	0 0	COMMANDATIVE A DEC		SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY/ AREA	······································		U	COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
						-		Distant
								Stations
							2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		<del>II</del>		SUBSCRIBER GROU		
COMMUNITY/ AREA	<del>,</del>		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.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 006702	Name
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
FIFT	Y-THIRD	SUBSCRIBER GROU			'-FOURTH	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 Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
	ΓY-FIFTH	SUBSCRIBER GROU			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 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:				SY	O06702	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FIFTY-S	SEVENTH	SUBSCRIBER GROU	JP	FIFT	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 Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIF	TY-NINTH	SUBSCRIBER GROU	JP		SIXTIETH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
T. (1.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			0.00	T 505			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the	e <b>base rat</b>	e fees for each subsc	riber group	as shown in the boxes al	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

	Р			TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	SUBSCRIBER GROU	I-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROC	I I-FIKOI	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
		•	d 0			•		
	0.00	\$	a Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	<b>ase Rate Fee</b> First Gro
	Р	SUBSCRIBER GROU	Y-FOURTH	SIXT	IP	SUBSCRIBER GROU	Y-THIRD	SIXT
	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

CABLE ONE, IN	Մ. 						006702	Name
				ATE FEES FOR EAC				
		I SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivit
								Surcharg for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
7.000 T.000 P.0 T II.0	Сосар			- Cross Resemble See	ona Group	*		
ase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXT	TY-SEVENTH	I SUBSCRIBER GRO	DUP	S	IXTY-EIGHTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ ARE			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
		L*	3.56			<u>[*</u>	0.00	
			scriber group	as shown in the boxe	s above.			
Enter here and in blo	ock 3, line 1,	space L (page 7)				\$		

		DED 656::-	011565=	TE EEEA EAA = : : : :	. D. 4 0 = = -	00100	0011	
	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
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for Partiall								
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Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-SECOND	SEVENT	IP	SUBSCRIBER GROU	TY-FIRST	SEVEN
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00							
	0.00			Total DSEs	0.00			otal DSEs
		•	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
	0.00	\$	Oloup					

L SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE E	<b>9</b> Computati of Base Rate I
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L SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE E	Computati of
L SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE E	of
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	for
	Partially
	Distant
	Stations
OSEs	
Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
SEVENTY-FIFTH SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP	
MUNITY/ AREA 0 COMMUNITY/ AREA 0	
L SIGN DSE CALL SIGN DSE CALL SIGN DSE	
DSES 0.00 Total DSES 0.00	
DSEs 0.00 Total DSEs 0.00  Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00	

TATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  RIBER GROUP  COMMUNITY/ AREA  Compu
0 COMMUNITY/ AREA 0
The state of the s
SIGN DSE CALL SIGN DSE CALL SIGN DSE C
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0.00 Total DSEs
0.00 Gross Receipts Second Group \$ 0.00
0.00 Base Rate Fee Second Group \$ 0.00
RIBER GROUP EIGHTIETH SUBSCRIBER GROUP
O COMMUNITY/ AREA O
SIGN DSE CALL SIGN DSE CALL SIGN DSE
0.00 Total DSEs 0.00
0.00 Total DSEs 0.00 Gross Receipts Fourth Group \$ 0.00

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:					O06702	Name
BI	_OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH <sup>-</sup>	TY-FIRST	SUBSCRIBER GROU	P	EIGHT	/-SECOND	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	
EIGHT	Y-THIRD	SUBSCRIBER GROU	IP	EIGHT	Y-FOURTH	SUBSCRIBER GROUP	<b>-</b>	
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 al	oove.	\$		

Name									
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	HTY-SIXTH			SUBSCRIBER GROU	ITY-FIFTH		
Computati	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
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	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	nd Group	Gross Receipts Secor	0.00	\$	roup	ross Receipts First Gr	
		\$	d Group		0.00	\$	roup	ross Receipts First Gr	
		\$	·			\$ \$	·	ross Receipts First Gr ase Rate Fee First Gr	
	0.00		d Group	Gross Receipts Secon	0.00	\$ \$ SUBSCRIBER GROU	roup	<b>ase Rate Fee</b> First Gr	
	0.00	\$	d Group	Gross Receipts Secon	0.00		roup	<b>ase Rate Fee</b> First Gr	
	0.00 0.00	\$	d Group	Gross Receipts Secon  Base Rate Fee Secon	<b>0.00</b>		roup	ase Rate Fee First Gr	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA	0.00	SUBSCRIBER GROI	oup SEVENTH	ase Rate Fee First Gr EIGHTY-S OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA	0.00	SUBSCRIBER GROI	oup SEVENTH	ase Rate Fee First Gr EIGHTY-S OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA	0.00	SUBSCRIBER GROI	oup SEVENTH	ase Rate Fee First Gr EIGHTY-S OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA	0.00	SUBSCRIBER GROI	oup SEVENTH	ase Rate Fee First Gr EIGHTY-S OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA	0.00	SUBSCRIBER GROI	oup SEVENTH	ase Rate Fee First Gr EIGHTY-S OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA	0.00	SUBSCRIBER GROI	oup SEVENTH	ase Rate Fee First Gr EIGHTY-S OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA	0.00	SUBSCRIBER GROI	oup SEVENTH	ase Rate Fee First Gr EIGHTY-S OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA	0.00	SUBSCRIBER GROI	oup SEVENTH	ase Rate Fee First Gr EIGHTY-S OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA	0.00	SUBSCRIBER GROI	oup SEVENTH	ase Rate Fee First Gr EIGHTY-S OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA	0.00	SUBSCRIBER GROI	oup SEVENTH	ase Rate Fee First Gr EIGHTY-S OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA	0.00	SUBSCRIBER GROI	oup SEVENTH	ase Rate Fee First Gr EIGHTY-S OMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA	0.00	SUBSCRIBER GROI	oup SEVENTH	ase Rate Fee First Gr EIGHTY-S OMMUNITY/ AREA	
	0.00  DSE	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROI	oup SEVENTH	EIGHTY-S OMMUNITY/ AREA CALL SIGN	
	0.00    P	\$ SUBSCRIBER GROU	DSE	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00	SUBSCRIBER GROI	DSE	EIGHTY-S OMMUNITY/ AREA  CALL SIGN  Dital DSEs	
	0.00  DSE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROI	DSE	EIGHTY-S OMMUNITY/ AREA CALL SIGN	
	0.00    P	\$  SUBSCRIBER GROU  CALL SIGN	DSE	Gross Receipts Secon  Base Rate Fee Secon  EIGH  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00	CALL SIGN	DSE	EIGHTY-S OMMUNITY/ AREA  CALL SIGN  Dital DSEs	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006702							Name	
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-NINTH	SUBSCRIBER GROU	JP		NINTIETH	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
					<b>-</b>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GROU	JP	NINET	Y-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	
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 th	e <b>base rat</b>	<b>e fees</b> for each subso	riber group	as shown in the boxes a	bove.			
Enter here and in block			3.3.7	353	-	\$		
						<u> </u>		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006702								Name
				TE FEES FOR EACH				
NINET	Y-THIRD	SUBSCRIBER GROU			'-FOURTH	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 Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	•	\$	0.00	Base Rate Fee Second		\$	0.00	
NINET	ry-fifth	SUBSCRIBER GROU	P 0	NINE COMMUNITY/ AREA	TY-SIXTH	SUBSCRIBER GROUP	0	
		I				I		
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	
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 a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006702							Name	
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINETY-S	SEVENTH	SUBSCRIBER GROU		NINET	Y-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIT	202	OTTEL OTOTA	502	O'NEE GIGIT	562	CALL CICIT	502	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	
NINET	Y-NINTH	SUBSCRIBER GROU	Р	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	\$	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 <b>base rate</b> 3, line 1, s <sub>l</sub>	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	E SYSTEM:				SY	STEM ID# 006702	Name
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRE	ED FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED	SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and Syndicated Exclusivity Surcharge
								for Partially Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	•	\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRE COMMUNITY/ AREA	D THIRD	SUBSCRIBER GROU	<u>0</u>	COMMUNITY/ AREA	POURTH	SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	<u>.                                      </u>		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.	\$		

	D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU				
9	0	SUBSCRIBER GROUI	ED SIXTH (	COMMUNITY/ AREA	0	SUBSCRIBER GROC		COMMUNITY/ AREA		
Computar of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate	362	0.122 0.011	202			07.22 0.011	202			
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					
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro		
	P	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	IP	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
				***************************************						
			_							
	0.00			Total DSEs	0.00			otal DSEs		
		•								
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	ross Receipts Third G		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 006702	Name
BI	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GROU	Р	ONE HUNDRI	ED TENTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07122 01011	202	0/122 0/0/1		O' LEE GIGIT	562	CALL CICA	302	Base Rate Fee
								and
	-							Syndicated
	-							Exclusivity
								Surcharge
	-							for
								Partially
								Distant
								Stations
							0	
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 EL	EVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	TWELVTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	l l		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	pove.	\$		

				TE FEES FOR EACH						
9		SUBSCRIBER GROU	IRTEENTH S			SUBSCRIBER GROU	TEENTH	ONE HUNDRED THIR		
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate										
and						-	_			
Syndicat										
Exclusiv										
Surchar										
for										
Partially Distant										
Station	<u></u>									
Stations										
						-				
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	d Group	Gross Receipts Secon	0.00					
			. С.С.Бр					, , , , , , , , , , , , , , , , , , ,		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro		
	Р	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED S	IP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
						-	_			
		•	<u> </u>		0.00		<u>.                                    </u>			
	0.00			IITAtal DSEc				otal DSEc		
	0.00			Total DSEs						
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	otal DSEs Gross Receipts Third Gr		

-							006702	Name
				TE FEES FOR EACH	H SUBSCRI	BER GROUP		
NE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO		ii -		SUBSCRIBER GROU	JP	Ω
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv Surchar
		,						for
								Partiall
								Distan
								Station
otal DSEs			0.00	Total DSEs			0.00	
iross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
, , , , , , , , , , , , , , , , , , , ,		<u> </u>			Стопр			
<b>ase Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED N	NTEENTH	SUBSCRIBER GRO	DUP	ONE HUNDRED 1	WENTIETH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
	roup	\$			h Group	\$		
Gross Receipts Third (		\$	0.00	Gross Receipts Fourt			0.00	
iross Receipts Third (		\$	0.00			\$		
iross Receipts Third (		\$	0.00	Gross Receipts Fourt			0.00	
Total DSEs  Bross Receipts Third C  Base Rate Fee Third C  Base Rate Fee: Add the content of the	Group ne <b>base rat</b>	te fees for each subs	0.00	Gross Receipts Fourt	h Group		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006702								Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED TWEN	TY-SECOND	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
	<mark></mark>				<u> </u>			for Partially
					<u> </u>			Distant
								Stations
							2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED TWEN	NTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-FOURTH	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	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				••				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
	.,	, · \r9- · /						

LEGAL NAME OF OWNER  CABLE ONE, INC.	R OF CABLI	E SYSTEM:					006702	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROUP	)	ONE HUNDRED TW	/ENTY-SIXTH	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 Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROUP	)	ONE HUNDRED TWE	NTY-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 Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
se Rate Fee: Add the er here and in block			criber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  006702								Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
<b>Base Rate Fee</b> First Gi	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
<b>Base Rate Fee</b> Third G	Broup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
		, (i - 3 )				-		

		BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF SUBSCRIBER GROUP		
9	0	SUBSCRIBER GROUP	IT-FOORTH.	COMMUNITY/ AREA	0	SUBSCRIBER GROUP	ATT-THIRD	COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat							-	
Exclusiv								
Surchar								
for Partiall							_	
Distan								
Station							-	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	IRTY-SIXTH :	ONE HUNDRED TH		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED THIS
	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		C-50:	Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	<u>\$</u>	roup	otal DSEs ross Receipts Third G

								CABLE ONE, INC.
				TE FEES FOR EACH	BASE RA			
9	0	SUBSCRIBER GROUP		COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTA	ONE HUNDRED THIRTY- COMMUNITY/ AREA
Computat of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and							-	
Syndicat								
Exclusiv								
Surchar for								
Partiall							-	
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	P	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED		SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED THIR
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
		-				-		
				***************************************				
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	ross Receipts Third G

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 006702	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED FOR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FORT	Y-SECOND	SUBSCRIBER GROUP		Ω
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and Syndicated Exclusivity Surcharge
								for Partially Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second	•	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP	0	ONE HUNDRED FORT	Y-FOURTH	SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	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 ab	ove.	\$		

LEGAL NAME OF OWNER  CABLE ONE, INC.	R OF CABLI	E SYSTEM:				S\	O06702	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-SIXTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
							<u></u>	Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup.	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FORTY	•					SUBSCRIBER GROUP		
COMMUNITY/ AREA	-SEVENTH	SUBSCRIBER GROUP	0	COMMUNITY/ AREA	T F-EIGHTH	SUBSCRIBER GROUP	0	
COMMONT IT AREA				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<del></del>						<u></u>	
							<u></u>	
Total DSEs			0.00	Total DSEs	1	II.	0.00	
	roup	ė.	0.00		Group	<b>.</b>	0.00	
Gross Receipts Third G	iioup	4	0.00	Gross Receipts Fourth	σισυρ	\$	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	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:					STEM ID# 006702	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GROU	IP	ONE HUNDRED	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
Total DSEs			0.00	Total DSEs			0.00	
					d C	•	_	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	a Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	IP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							$\neg \neg  $	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	bove.	¢		
Linter Here and in block	o, iiile I, S	pace L (page /)				Ψ		

CABLE ONE, INC.								
В	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO	)UP	ONE HUNDRED FIF	TY-FOURTH	SUBSCRIBER GRO	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
sase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF						SUBSCRIBER GROU		
ONE HUNDRED FIR					FIFTY-SIXTH			
ONE HUNDRED FIR			)UP	ONE HUNDRED	FIFTY-SIXTH		JP	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	0UP 0	ONE HUNDRED COMMUNITY/ AREA	FIFTY-SIXTH	SUBSCRIBER GRO	JP <b>0</b>	
ONE HUNDRED FIRE	TY-FIFTH	SUBSCRIBER GRO	DUP  O  DSE	ONE HUNDRED  COMMUNITY/ AREA  CALL SIGN	FIFTY-SIXTH	SUBSCRIBER GRO	DSE	
ONE HUNDRED FIF	DSE	SUBSCRIBER GRO	DUP  O  DSE  O  O  O  O  O O O O O O O O O O O O	ONE HUNDRED  COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROU	DSE  DSE	
ONE HUNDRED FIF	DSE	SUBSCRIBER GRO	DUP  O  DSE	ONE HUNDRED  COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GRO	DSE	
ONE HUNDRED FIF	DSE	SUBSCRIBER GRC  CALL SIGN  **  **  **  **  **  **  **  **  **	DUP    DSE	ONE HUNDRED  COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Four	DSE  th Group	SUBSCRIBER GROU	DSE  DSE  0.000 0.000	
ONE HUNDRED FIF	DSE	SUBSCRIBER GRO	DUP    DSE	ONE HUNDRED  COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE  th Group	SUBSCRIBER GROU	DSE  DSE	

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	Surcharg for
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	Stations
<b>0.00</b> Total DSEs <b>0.00</b>	
Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
FIFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP	
O COMMUNITY/ AREA 0	
DSE CALL SIGN DSE CALL SIGN DSE	
0.00 Total DSEs 0.00	
0.00	