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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2019/2										
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable syster on the last day of to nunting period.	em. he accounting period should so								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC.										
				00738420192							
				007384 2019/2							
	210 E. EARLL DRIVE PHOENIX, AZ 85012										
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: 1024 PAGE DRIVE (Number, street, rural route, apartment, or suite number) FARGO, ND 58103 (City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and i	elist on page 1b							
Area Served	with all communities. CITY OR TOWN	STATE									
First	FARGO	ND									
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	Α	1							
Campie	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:			SYSTEM ID#							
CABLE ONE, INC.			007384							
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 fillings.										
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-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	d a subscriber gro									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
FARGO	ND			First						
BRIARWOOD	ND			Community						
CASS COUNTY	ND									
DILWORTH	ND									
FRONTIER	ND									
HORACE	ND			See instructions for						
MOORHEAD	MN			additional information on alphabetization.						
OAKPORT PRAIRIE ROSE	MN ND									
REED TOWNSHIP	ND ND									
REILE'S ACRES	ND ND									
NCILL O AONLO	ND			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#

007384

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOC	K 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	DATE			CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	SUBSCRIBERS		RATE	H	CATEGORT OF SERVICE	SUBSCRIBERS	NATE
	0.000	_	40.00				
 Service to first set 	9,660	\$	40.00				
 Service to additional set(s) 	24,156						
 FM radio (if separate rate) 							
Motel, hotel	1,476	\$	12.00				
Commercial	325						
Converter							
 Residential 							
 Non-residential 				1			
		T		1 1"			I

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CAT	EGORY OF SERVICE		RATE
Continuing Services:		Installation: Non-residential					
• Pay cable	0-30.00	Motel, hotel	0-90.00	EXP	ANDED BASIC	\$	40.00
 Pay cable—add'l channel 		Commercial	0-90.00				
 Fire protection 		• Pay cable	0-30.00				
Burglar protection	n • Pay cable-add'l channe						
Installation: Residential		Fire protection					
• First set	0-90.00	Burglar protection					
Additional set(s)	30-60.00	Other services:					
 FM radio (if separate rate) 		Reconnect					
Converter		Disconnect					
		Outlet relocation	30-60.00				
		Move to new address	30-60.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007384 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant) **KCPM** 27 **GRAND FORKS, ND** ı No **KFME** 13 Ε No FARGO, ND See instructions for additional information KRDK 38 ı No **VALLEY CITY, ND** on alphabetization. KVLY-1 44 Ν FARGO, ND No KVLY-2 44 N-M No FARGO, ND KVLY-3 44 I-M No FARGO, ND KVLY-4 44 I-M No FARGO, ND **KVRR** 19 No FARGO, ND ı KVRR-2 19 I-M No FARGO, ND **KXJB-LD-2** 30 I-M No FARGO, ND WDAY-3 21 I-M FARGO, ND No 21 WDAY-1 Ν FARGO, ND No WDAY-2 21 FARGO, ND I-M No

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007384	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G	
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Primary Transmitters: 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. 							
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example		
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel		
Column 3: Indicate educational station, by (for independent multi-For the meaning of the	e in each case of the each case of the each cast), "E" (for no ese terms, see that its outside each cation is outside	whether the setter "N" (for no oncommercial page (v) of the the local ser	etwork), "N-M" (al educational), o e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonconctions located in the distant"), enter "Y	es". If not, enter "No". For an ex-		
Column 5: If you he cable system carried the distant state. For the retransmiss	ave entered "Y he distant station ion on a part-tion sion of a distan	es" in column on during the me basis bec t multicast str	4, you must co accounting peri- ause of lack of a eam that is not s	mplete column 5, od. Indicate by en activated channel subject to a royalt	stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject		
the cable system and tion "E" (exempt). For explanation of these the	a primary trans simulcasts, als nree categories	mitter or an a o enter "E". If , see page (v	ssociation repre you carried the) of the general	esenting the prima channel on any o instructions locate	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the		
FCC. For Mexican or Onto: If you are utilizing				•	n which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AB			
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.				007384	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.	51(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0	CC rules, regulant here in space	ations, or auth G—but do lis	norizations:		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	
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	
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
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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)	6. LOCATION OF STATION	
			•			

LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, II	NC.				007384	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t tions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television	
basis under specifc 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							
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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 the its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel		
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
For the meaning of the Column 4: If the st	ese terms, see tation is outside	page (v) of the the local ser	e general instru vice area, (i.e. "	ctions located in t distant"), enter "Y	es". If not, enter "No". For an ex-		
cable system carried t	ave entered "Y he distant station	es" in column on during the	4, you must co accounting peri	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system		
of a written agreemen	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing		
tion "E" (exempt). For explanation of these the	simulcasts, als rree categories	o enter "E". If , see page (v	you carried the) of the general	channel on any o	try transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.		
	Canadian statio	ons, if any, giv	e the name of t	he community witl	y to which the station is licensed by the had which the station is identifed. In channel line-up.		
		CHANN	EL LINE-UP	AD			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	NOWBER	STATION		(II Distant)			

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007384	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:
substitute program bas Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F(na Snacial Statem	ent and Program Log)—if the	
station was carried	•		st it iii space i (ti	ie Speciai Statem	ent and Program Log)—if the	
	nformation cond				tute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify ation. For example, report multi-	
cast stream as "WETA WETA-simulcast).	\-2". Simulcast	streams mus	st be reported in	column 1 (list eac	ch stream separately; for example	
			•		tion for broadcasting over-the-air in smay be different from the channel	
on which your cable sy	stem carried tl	ne station.			•	
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
•	, .		, .	,	commercial educational multicast).	
For the meaning of the Column 4: If the st					es". If not, enter "No". For an ex-	
planation of local servi					e paper SA3 form. stating the basis on which your	
_			•	•	tering "LAC" if your cable system	
carried the distant stat					•	
					y payment because it is the subject stem or an association representing	
the cable system and	a primary trans	mitter or an a	association repre	esenting the prima	ary transmitter, enter the designa-	
					ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the	e location of ea	ach station. Fo	or U.S. stations,	list the communit	y to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing					h which the station is identifed.	
The same and a same a s		•	EL LINE-UP	•	- chamer into ap	
4 0011	O D'OACT	1			C LOCATION OF STATION	
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)		

		•		•		1
						1
						1

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007384	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during to ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary	
substitute program bas Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: 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. 							
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	ver-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example		
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel		
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.							
		CHANN	EL LINE-UP	AF			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
			•				

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007384	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary	
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television	
basis under specifc 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.							
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example		
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel		
Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the stational services of the station of local services of the column 4: If the station of local services of the column 4: If the station of local services of the column 4: If the stational services of the column 4: If the column 4: If the column 4: If the column 4: If the stational services of the column 4: If the	e in each case of entering the lecast), "E" (for neese terms, see eation is outside ice area, see p.	whether the setter "N" (for noncommercial page (v) of the the local serage (v) of the	etwork), "N-M" (al educational), o e general instru vice area, (i.e. " general instruc	(for network multion or "E-M" (for noncontions located in the distant"), enter "Y tions located in the	es". If not, enter "No". For an ex- e paper SA3 form.		
cable system carried t carried the distant stat For the retransmiss of a written agreement	he distant station ion on a part-ti sion of a distan t entered into o	on during the me basis bec multicast str n or before Ju	accounting peri ause of lack of a eam that is not s une 30, 2009, be	od. Indicate by en activated channel subject to a royalt etween a cable sy	stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa-		
tion "E" (exempt). For explanation of these th Column 6: Give th	simulcasts, als nree categories e location of ea Canadian statio	o enter "E". If , see page (v ach station. Fo ons, if any, giv	you carried the of the general or U.S. stations, we the name of the state of the st	channel on any o instructions locate list the communit he community with	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the hybrid which the station is identifed.		
·		CHANN	EL LINE-UP	AG	·		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

CABLE ONE, I	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name			
	NC.				007384	Name			
PRIMARY TRANSMITTERS: TELEVISION									
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	G			
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 ba	asis, as explaine	ed in the next	paragraph.		· ·	Transmitters: Television			
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:									
Do not list the statio	n here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the				
station was carried • List the station here	•		ation was carrie	d hoth on a substi	tute basis and also on some other				
basis. For further i	nformation con				of the general instructions located				
in the paper SA3 for Column 1: List ea		sign. Do not	report originatio	n program service	es such as HBO, ESPN, etc. Identify				
each multicast stream	n associated wit	h a station ac	cording to its ov	er-the-air designa	ation. For example, report multi-				
cast stream as "WET WETA-simulcast).	A-2". Simulcast	streams mus	st be reported in	column 1 (list eac	ch stream separately; for example				
Column 2: Give the			-		tion for broadcasting over-the-air in				
its community of licer on which your cable s			nannel 4 in Was	hington, D.C. This	s may be different from the channel				
Column 3: Indicat	e in each case	whether the s			ependent station, or a noncommercial				
		•	,	•	cast), "I" (for independent), "I-M" ommercial educational multicast).				
For the meaning of th	ese terms, see	page (v) of th	ne general instru	ctions located in t	he paper SA3 form.				
Column 4: If the s					es". If not, enter "No". For an ex-				
Column 5: If you l	nave entered "Y	es" in columr	1 4, you must co	mplete column 5,	stating the basis on which your				
cable system carried carried the distant sta		-		•	tering "LAC" if your cable system				
For the retransmis	sion of a distan	t multicast str	eam that is not	subject to a royalt	y payment because it is the subject				
_				•	stem or an association representing ry transmitter, enter the designa-				
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any c	ther 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 station	ons, if any, giv	e the name of t	he community wit	n which the station is identifed.				
Note: If you are utilizi	ing multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.				
		CHANN	EL LINE-UP	CHANNEL LINE-UP AH					
1. CALL	2. B'CAST	3. TYPE	1 CALL 2 PICAST 2 TYPE 14 DISTANT2 IS BASIS OF 16 LOCATION OF STATION						
SIGN	CHANNEL		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
		OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
	NUMBER	OF STATION	(Yes or No)		6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007384 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AI 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007384	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
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						Primary Transmitters: 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. 						
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st	e in each case of the each case of the each cast), "E" (for no ese terms, see that its outside each cation is outside	whether the setter "N" (for no oncommercial page (v) of the the the local ser	etwork), "N-M" (al educational), d e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonconctions located in the distant"), enter "Y	es". If not, enter "No". For an ex-	
cable system carried t carried the distant stat	ave entered "Y he distant station on a part-ti	es" in column on during the me basis bec	a 4, you must co accounting peri ause of lack of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system capacity.	
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 ssociation repre	etween a cable sy esenting the prima	y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further	
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 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	ng multiple cha	•	use a separate EL LINE-UP	•	channel line-up.	
4 0011	O D'CAST	3. TYPE	4 DISTANTS	E BASIS OF	C LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	1	Ī			I .	1

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007384	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a						Primary Transmitters:
substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
basis under specifc 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 subs	titute basis.	. ,	·		
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.						
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
			•		tion for broadcasting over-the-air in smay be different from the channel	
on which your cable sy	stem carried tl	ne station.			•	
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi-	cast), "E" (for n	oncommercia	al educational), d	or "E-M" (for nonc	commercial educational multicast).	
For the meaning of the Column 4: If the st					es". If not, enter "No". For an ex-	
planation of local servi					e paper SA3 form. stating the basis on which your	
_			•	•	tering "LAC" if your cable system	
carried the distant stat					capacity. y payment because it is the subject	
					stem or an association representing	
-			•	• .	ary transmitter, enter the designa- ther basis, enter "O." For a further	
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	AK		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		-

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007384 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007384 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007384 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				007384	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
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						Primary Transmitters: 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.						
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	ver-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
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 with 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 c						
		CHANN	EL LINE-UP	AO		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007384 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AP 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007384	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)	ed only on a part-time basis under	G 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					
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.						
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	
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel	
educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local serve Column 5: If you he cable system carried to carried the distant state. For the retransmiss of a written agreement the cable system and stion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Column 6: If you are utilizing 1. CALL	e in each case of entering the lecast), "E" (for notes terms, see partion is outside itee area, see partion on a part-tipo on a part-tipo on a primary transismulcasts, also ince categories e location of each canadian station on a multiple characteristics.	whether the setter "N" (for noncommercial page (v) of the ethe local servage (v) of the es" in column on during the me basis bect multicast strong or before Jumitter or an accenter "E". If see page (vach station. Foons, if any, givennel line-ups, CHANN 3. TYPE	etwork), "N-M" (all educational), or egeneral instruction (i.e. "general in	(for network multidor "E-M" (for noncontions located in the distant"), enter "Yestions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable system of the community with space G for each AQ 5. BASIS OF	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)		

LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				007384	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
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: Television
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:						
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.						
 List the station here, basis. For further in in the paper SA3 for 	and also in spanformation concorm.	ace I, if the sta cerning subst	itute basis static	ons, see page (v)	itute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify ation. For example, report multi-	
cast stream as "WETA WETA-simulcast).	∖-2". Simulcast	streams mus	st be reported in	column 1 (list eac	ch stream separately; for example	
			-		tion for broadcasting over-the-air in s may be different from the channel	
on which your cable sy	ystem carried t	he station.			ependent station, or a noncommercial	
	•	,	, .	•	cast), "I" (for independent), "I-M" commercial educational multicast).	
For the meaning of the	ese terms, see	page (v) of th	ne general instru	ctions located in t	the paper SA3 form.	
					es. If not, enter "No". For an ex-	
planation of local servi Column 5: If you h					stating the basis on which your	
-		•	• • • • • • • • • • • • • • • • • • • •	•	ntering "LAC" if your cable system	
carried the distant stat	•				capacity. by payment because it is the subject	
•				•	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 handle had been been to the station is identifed.	
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	AR		
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)		

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LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007384	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
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						Primary Transmitters: 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.						
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the	e in each case of the each case of the each cast), "E" (for no ese terms, see that its outside each cation is outside	whether the setter "N" (for no oncommercial page (v) of the the the local ser	etwork), "N-M" (al educational), d e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonconctions located in the distant"), enter "Y	es". If not, enter "No". For an ex-	
Column 5: If you h cable system carried t carried the distant state	ave entered "Y he distant station on a part-ti	es" in column on during the me basis bec	a 4, you must co accounting peri ause of lack of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system	
the cable system and tion "E" (exempt). For	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	esenting the prima channel on any o	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.	
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 identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						
		CHANN	EL LINE-UP	AT		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
			•			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007384	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during to ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program 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						Transmitters: 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.						
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	ver-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	e in each case of entering the lecast), "E" (for nese terms, see partion is outside ice area, see partion on a part-tipe icon of a distant tentered into on a primary trans simulcasts, also nee categories e location of each canadian static	whether the setter "N" (for noncommercial page (v) of the ethe local servage (v) of the es" in column on during the eme basis bect multicast strong or before Jumitter or an allo enter "E". If see page (vach station. Foons, if any, given	etwork), "N-M" (all educational), or general instruction 4, you must contact accounting perioduse of lack of a geam that is not successful and 30, 2009, but association repressor of the general or U.S. stations, we the name of the	(for network multicor "E-M" (for noncations located in the distant"), enter "Y tions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalt etween a cable system of the primary of the community with the community with the community with the community with a community with the community with the community with a community with the community	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
		CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007384	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under eain network programs [sections	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
 basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 						
basis. For further in the paper SA3 fo	nformation cond orm.	cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify	
each multicast stream cast stream as "WETA-WETA-simulcast).	associated wit A-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	ation. For example, report multi- ch stream separately; for example	
its community of licens on which your cable sy	se. For example stem carried the	e, WRC is Ch ne station.	annel 4 in Wasl	hington, D.C. This	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial	
educational station, by (for independent multi- For the meaning of the	entering the lecast), "E" (for nese terms, see ation is outside	etter "N" (for noncommercial page (v) of the the local ser	etwork), "N-M" (al educational), o e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonc actions located in t distant"), enter "Y	cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-	
Column 5: If you h cable system carried t carried the distant state	ave entered "Y he distant station ion on a part-ti	es" in column on during the me basis bec	accounting perions of accounting perions	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system	
the cable system and tion "E" (exempt). For explanation of these the	a primary trans simulcasts, als rree categories	mitter or an a o enter "E". If , see page (v	ssociation repre you carried the) of the general	esenting the prima channel on any o instructions locate	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	
	Canadian statio	ons, if any, giv	e the name of t	he community with	which the station is identifed.	
	_	CHANN	EL LINE-UP	AV		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	1					

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007384 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AW 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: **SYSTEM ID#** Name 007384 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: SYSTEM ID#							
CABLE ONE, INC.						007384	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
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	ılations, or authorizatior	ns. For a further	Substitute
1. SPECIAL STATEMEN	CONCER	NING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant state	-	ır cable systen	n carry, on a substitute bas	sis, any nonne	etwork television progr		Special Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	ust complete the prog	ram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ice, please of every no distant state gulations, cution. Do not be used to a distant station and the station and the sample: a swhen the Example: a swhen the and regulation of the swhen the and regulation of the and regulation of the swhen the and regulation of the and regulation of the swhen the swhe	attach addition nnetwork televion and that your or authorization of use general BA Basketball: deast live, enter station broades on's location (tons, if any, the when your system a program carrollisted program ons in effect d	nal pages. vision program (substitute pour cable system substitute ins. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "lasting the substitute prograte community to which the community with which the stem carried the substitute or carried the substitute or carried by your ried by a system from 6:01: In was substituted for program was carried for program was substituted for program was substitut	orogram) that ed for the pro- neral instruction "basketball" No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le	ensed by the FCC or, in the numerals, with the manual secure 28:30 p.m. should be your system was requiented.	g tation er n onth tely	
		E PROGRAM	Λ		EN SUBSTITUTE IAGE OCCURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
					_		
					_		
					_		
					_		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 007384 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

LEGA	IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
CAI	BLE ONE, INC.		007384	
Inst all a (as i	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmissio	n service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$	2,335,505.03	
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	oss receipts)	
InstruConConIf yo fee fIf yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the arrow block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable paympanying 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 b ${\sf k}$ 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 low.	entered on line 2 ir	n block	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on	line	
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K	e is 1.064 percent		
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.			
	This is your minimum fee.	\$	24,849.77	
	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. Did your cable system carry any distant television stations during the accounting period of the properties of the	nn 4, you must che	eck	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	-	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	24,849.77	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r	0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	25,574.77	form for submitting the
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the	}	additional fees.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 007384
		007004
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Chameis	Enter the total number of channels on which the cable system carried television broadcast stations	13
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	237
	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 Emersone 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 contifed and signed in accordance with Converient Office requilations.)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
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 idea in line 1 of space B and that the owner is not a corporation or partnership; or	entified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the call in line 1 of space B.	ole system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	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 poutton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	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:	Namo					
CABLE ONE, INC. 0073	84					
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."						
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.						
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?						
X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q					
Line 1 Enter the amount of late payment or underpayment	Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_					
x days Line 3 Multiply line 2 by the number of days late and enter the sum here						
x 0.00274						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)						
(interest charge)	—					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.						
Owner Address						
First community served Accounting period						
ID number						

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID							
I	CABLE ONE, INC.		007384					
	SUM OF DSEs OF CATEGORY "O" STATIONS:							
	 Add the DSEs of each station Enter the sum here and in line 		s schedule		0.00			
		U.UU						
2	Instructions:							
-	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).							
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-							
of DSEs for Category "O"	mercial educational station, give the DSE as ".25."							
Stations								
Otations	O/ILL OIGIT	DOL	Of IEE OTOTA	DOL	O/ LEE GIGIT	DSE		
Add rows as								
necessary. Remember to copy								
all formula into new								
rows.								
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

			=
	I		

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.							007384	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: Lis Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	Atructions: CAPACITY Jumn 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This are should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, e the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the red decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper							
Capacity		C	ATEGORY L	AC STATIONS:	COMPUTATI	ION OF DS	SEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	SE
			÷		=	X		=	
			÷		_	X		=	
			÷ ÷		=	X			
			÷		=	x		=	
			÷		=	x		=	
			÷		=	X		<u>=</u>	
			÷		=	Х		=	
	Add the DSEs	of CATEGORY LAC Soft each station. Im here and in line 2 of page 2.		dule,			0.00		
Computation of DSEs for Substitute-Basis Stations	 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). 								
		SU	BSTITUTE-B	ASIS STATION	S: COMPUTA	ATION OF	DSEs		
	1. CALL 2. N SIGN OI		3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUM OF PRC	IBER IGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		=			÷		=
		<u> </u>		=			÷		=
		÷		=			÷ ÷		=
				=			÷		=
		÷		=			÷		=
	Add the DSEs	of SUBSTITUTE-BASI of each station. Im here and in line 3 of pa		dule,			0.00		
5		ER OF DSEs: Give the am sapplicable to your system		xes in parts 2, 3, and	d 4 of this schedul	e and add the	em to provide t	the total	
Total Number	1. Number o	f DSEs from part 2 ●				-		0.00	
of DSEs	2. Number o	f DSEs from part 3 ●				<u> </u>		0.00	
	3. Number of DSEs from part 4 ● ▶ 0.00								
	TOTAL NUMBE	R OF DSEs							0.00

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

CABLE ONE, I		SYSTEM:					S	YSTEM ID# 007384	Namo
Instructions: Block A: In block A: If your answer if schedule. If your answer if	"Yes," leave the re	mainder of p	below.	of the DSE sched		l complete part	8, (page 16) of th	e	6 Computation of
	_	schedule—D C below.	najor and small	er markets as defii	ned under sed	ART 6 AND 7.	CC rules and regul	lations in	3.75 Fee
Column 1: CALL SIGN Column 2: BASIS OF PERMITTED CARRIAGE	under FCC rules instructions for th Satellite Television Enter the appropriate (Note the FCC rules)	and regulation Be DSE Schemen Extension riate letter incolles and regu	ons prior to Jundule. (Note: Thank and Localism Adicating the bas lations cited be	part 2, 3, and 4 of the 25, 1981. For fure letter M below react of 2010.) Sis on which you callow pertain to thos ket quota rules [76]	ther explanat fers to an exe arried a permit e in effect on	ion of permitted empt multicast s tted station. June 24, 1981	d stations, see the stream as set forth	n in the	
OANNAGE	B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station prev	al educationad station (76.6 r DSE sched ant to individuviously carried (TF)	al station [76.59 65) (see paragrule). ual waiver of F0 d on a part-tim ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	3(a) referring stitution of gra	to 76.61(d)] andfathered sta e 25, 1981	ations in the)]	
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
				······································					
			21 001/ 0 00	AND ITATION OF				0.00	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the							,		
Line 2: Enter the	•				4-4275		ır		
Line 3: Subtract (If zero, I	eave lines 4–7 bl			•		ate.	1 No.	0.00	
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.		SYSTEM ID# 007384	Namo
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and le	ave section 3 blank.		
A. Enter 0.01064 of gross receipts (the amount in section 1)	3		8
B. Enter 0.00701 of gross receipts (the amount in section 1) \$ \\$			Computation
C. Multiply line B by 3.000 and enter here	3		Base Rate Fee
D. Enter 0.00330 of gross receipts (the amount in section 1) \$ \\$			
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here			
F. Multiply line D by line E and enter here	▶ <u>\$</u>		
 G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee 	▶ \$	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide shall instead be reported on a community-by-community basis (subscriber groups) if ups in Space G.	-	_	9
In General: If any of the stations you carried were partially distant, the statute allows receipts from subscribers located within the station's local service area, from your system.			Computation
this exclusion, you must:	otom o total grood re	oo,pio. To take autumage of	of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting en station or the same group of stations. Next: Treat each subscriber group as if it were DSEs and the portion of your system's gross receipts attributable to that group, and or single and the population of your system's gross receipts attributable to that group. That total is the population of your system's group and provide the population of your system's group and you have a population of your system's group and you have group. That total is the population of your system's group and you have group as in the your system's group and you have group as in the your system's group and you have group as in the your system's group and your system's group as in the yo	a separate cable sy calculate a separate	stem. Determine the number of base rate fee for each group.	and Syndicated Exclusivity Surcharge
Finally: Add up the separate base rate fees for each subscriber group. That total is the separate base rate fees for each subscriber group.			for
NOTE: If any portion of your cable system is located within the top 100 television man must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In However, if your cable system is wholly located outside all major television markets, or the system is wholly located outside all major television markets.	this case, complete	both block A and B below.	Partially Distant Stations, and for Partially
How to Identify a Subscriber Group for Partially Distant Stations			Permitted
Step 1: For each community served, determine the local service area of each wholly carried to that community.	distant and each pa	rtially distant station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determined outside the station's local service area. A subscriber located outside the local service the same token, the station is distant to the subscriber.)	-		
Step 3: Divide your subscribers into subscriber groups according to the complement subscriber group must consist entirely of subscribers who are distant to exactly the saystem will have only one subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations it carried have leading to the complement subscriber group when the distant stations is the complement subscriber group when the distant stations is the complement subscriber group when the complement group when the complement group when the complement group when the	ame complement of	stations. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separa subscriber groups.	ate sections, one for	each of your system's	
In each section: • Identify the communities/areas represented by each subscriber group.			
 Give the call sign for each of the stations in the subscriber group's complement—th 	at is, each station th	at is distant to all of the	
subscribers in the group. • If:		-	
1) your system is located wholly outside all major and smaller television markets, give	e each station's DSI	as you gave it in parts 2, 3,	
and 4 of this schedule; or,2) any portion of your system is located in a major or smaller televison market, give e part 6 of this schedule.	each station's DSE a	s you gave it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular substantial properties.	scriber group.		
 Calculate gross receipts for the subscriber group. For further explanation of gross rein the paper SA3 form. 		i) of the general instructions	
• Compute a base rate fee for each subscriber group using the formula outline in bloc page. In making this computation, use the DSE and gross receipts figure applicable DSEs for that group's complement of stations and total gross receipts from the subscriber	to the particular sub	scriber group (that is, the total	

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your actual calculations on the form.

CALL SIGN DSE CALL SIGN	CABLE ONE, INC.	R OF CABLE	E SYSTEM:					007384	Name
COMMUNITY/AREA	B	SLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	BER GROUP		
CALL SIGN DSE		FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	JP	•
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee and see and se	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
and Syndicated Exclusivity Surcharge for Partially Distant Stations Folial DSEs	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated Exclusivity Surcharge Syndicated Exclusivity Surcharge Stations									Base Rate Fee
Exclusivity Surcharge for Partially Distant Stations Total DSEs O.00 Total DSEs O.00 Third Subscriber Group Subscriber Gro									and
Surcharge for Partially Distant Stations									
for partially Distant Stations Total DSEs Gross Receipts First Group Sommunitry AREA O CALL SIGN DSE CALL SIGN DS									
Partially Distant Stations Foral DSEs									
Distant Stations Total DSEs Jone									
Stations Statio									
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THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DS	Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
COMMUNITY/ AREA O COMMUNITY/ AR	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		THIRD	SUBSCRIBER GROU	Р		FOURTH	I SUBSCRIBER GROL	JP	
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
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Sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
					Ш				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$ 0.00				iber group a	as shown in the boxes a	above.	\$	0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:					STEM ID# 007384	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				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 Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	JP		EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					.			
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	[\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

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and								
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for								
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o tation			-					
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	Р	SUBSCRIBER GROU	IXTEENTH	S	IP	SUBSCRIBER GROU	TEENTH	FIF
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	<u></u>							
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	$\alpha \alpha \alpha$	C C	Group	Gross Receipts Fourth	0.00	\$	oup	Bross Receipts Third Gr
	0.00	\$	Oroup					•

CABLE ONE, INC.							007384	Name
				ATE FEES FOR EAC				
	NTEENTH	SUBSCRIBER GROU		H		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$ 0.00		
·	·			· ·	·			
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GROU	JP		TWENTIETH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
) D-4- E T-1-1-1	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee Third G				11				
ase kate Fee Third C								
				as shown in the boxes				

	D			TE FEES FOR EACH						
9	0	SUBSCRIBER GROU	-9ECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROU	I T-FIKSI	COMMUNITY/ AREA		
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate	502	O/ LEE GIGIT	502	OALL GIGIT	562	CALL CICIT	562	CALL GIGH		
and										
Syndicat										
Exclusiv			-							
Surchar for	<u></u>									
Partiall										
Distan						-				
Station										
							-			
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	0.00					Gross Receipts Secon	0.00	\$	oup	Pross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro		
	Р	SUBSCRIBER GROU	Y-FOURTH	TWENT	IP	SUBSCRIBER GROU	Y-THIRD	TWENT		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
							-			
			<u></u>							
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G		

	D D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
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Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						0.1220.01		
and								
Syndica								
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Station								
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	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
							-	
							-	
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	<u> </u>	roup	
		\$			0.00	<u>\$</u>		Fotal DSEs Gross Receipts Third Gr Base Rate Fee Third Gr

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 007384	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-NINTH	SUBSCRIBER GROU	JP	-	THIRTIETH	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
	. <mark>.</mark>							Surcharge
								for
								Partially Distant
	<mark></mark>							Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oun	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Cross Resciptor net Cr	очр	<u> </u>		Cross recorpts econts	а Отоар			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	JP	THIRT	/-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
					l		•	
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				
			riber group	as shown in the boxes al	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

				TE FEET FOR EACH	D 4 0 E D 4			
						COMPUTATION O		
9		SUBSCRIBER GROU	Y-FOURTH		JP 0	SUBSCRIBER GRO	TY-THIRD	
Computat	0			COMMUNITY/ AREA	U			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate Exclusivi								
Surcharg								
for								
Partially								
Distant								
Stations								
	0.00		Total DSEs		0.00			otal DSEs
-	\$ 0.00		Gross Receipts Second Group \$ 0.0					
- -	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
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- -]	0.00	\$	·	Gross Receipts Secon		\$	·	Bross Receipts First Gi Base Rate Fee First Gi
- -] =	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	B ase Rate Fee First Gi
	0.00		d Group	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GRO	roup	B ase Rate Fee First Gi
	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	Base Rate Fee First Gi
	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	Base Rate Fee First Gi
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup RTY-FIFTH	THIR
	0.00 P	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon TH COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	roup RTY-FIFTH	THIR COMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secon TH COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	SUBSCRIBER GRO	DSE	THIR COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 P	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secon TH COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	THIR COMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	DSE	Base Rate Fee Secon TH COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	CALL SIGN	DSE	THIR COMMUNITY/ AREA CALL SIGN Total DSEs

	D.			TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	IY-EIGHTH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	BEVENTH	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL CIGIT	DOL	OALL GIGIT	DOL	ONLE GIGIT	DOL	CALL GIGIN
and			-					
Syndicat			-					***************************************
Exclusiv								
Surchar			-					
for								
Partiall Distan								
Station			-					
			-					
			-					
	0.00			Total DSEs	0.00			otal DSEs
	\$ 0.00				0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		OLIDOODIDED ODOLL	FORTIETIL					TUDA
		SUBSCRIBER GROU	FORTIETH			SUBSCRIBER GROL	Y-NINTH	
	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

	D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0		I-SECOND	COMMUNITY/ AREA	0	SOBSCRIBEN GNOC		COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate		0.122 0.011	302	0,120,101,1	202	07.22 0.011	302	
and								
Syndica								
Exclusiv								
Surchar								
for								
Partial Distan								
Station								
Otatioi								
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	auc	ross Receipts First Gro
			а отоар	Cross Resemble Costs.			Зар	roos resorpto i mot en
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	P	SUBSCRIBER GROU	Y-FOURTH	FORT	IP	SUBSCRIBER GROU	Y-THIRD	FORT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
			<u></u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
] [i i				

	ID.			TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	SUBSCRIBER GROU	**************************************	COMMUNITY/ AREA	0	SUBSCRIBER GROU	I Y-FIF I H	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	302	57 LEE 51511	202	ONEE GIGHT	562	67 LEE 61614	562	0,122 0,011
and								
Syndica			-					
Exclusiv			-			-		
Surchar								
for Partiall								
Distan								
Station								
	0.00	•		Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	s	guo	Gross Receipts First Gro
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-EIGHTH	FOR	IP	SUBSCRIBER GROL	SEVENTH	FORTY-S
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-				-	
			-					
			-			-		
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr
	I							

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 007384	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR ⁻	TY-NINTH	SUBSCRIBER GROU	JP		FIFTIETH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
			<u> </u>					Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oun.	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Cross Resolpto Filot Cr	очр	<u> </u>		Cross recorpts econts	a Group	<u>*</u>		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIF	TY-FIRST	SUBSCRIBER GROU	JP	FIFT	/-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							$\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	oove.	\$		
						<u> </u>		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				S\	O07384	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
FIF	TY-THIRD	SUBSCRIBER GROU	JP	FIFT	Y-FOURTH	SUBSCRIBER GROUP	P	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						_		Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								Stations
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIF	TY-FIFTH	SUBSCRIBER GROU	JP	FI	FTY-SIXTH	SUBSCRIBER GROUP	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group	as shown in the boxes al	bove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	SOBSCRIBER GROO		COMMUNITY/ AREA	0	SOBSCRIBER GROC	PL V LINITI	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	502	57 LEE 51511	202	07.EE 01011	562	67.EE 6.6.1	302	0,122 0,011
and							-	
Syndicat								
Exclusiv			-					
Surchar								
for Partiall								
Distan								
Station								
	2.22							
	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	SIXTIETH		IP	SUBSCRIBER GROU	Y-NINTH	FIFT
				COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
	<u></u>							
	······							
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	iross Receipts Third G
				1.1				

				TE FEES FOR EAC				
		SUBSCRIBER GRO		††		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi Surcharg
								for
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								Distant
								Stations
		-						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	•	0.00	Gross Receipts Sec	and Group	\$	0.00	
1033 Necelpts I list	Огоар	Ψ	0.00	Gross Necelpts Sec	ona Group	Ψ	0.00	
	•		0.00				0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
S	IXTY-THIRD	SUBSCRIBER GRO	DUP	SI	XTY-FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Rasa Pata Eas Third	Group	•	0.00	Raso Pata Foo Foo	rth Group	¢	0.00	
Base Rate Fee Third	Group	[\$	0.00	Base Rate Fee Fou	rui Gioup	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.			

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007384	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SIX	TY-FIFTH	SUBSCRIBER GROU		SIX	KTY-SIXTH	SUBSCRIBER GROUP		O
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.122.01011	302	0/122 0/0/1	562	O' LEE GIGIT	562	0/ KEE 0/0/1	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
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								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	
SIXTY-S	SEVENTH	SUBSCRIBER GROU	Р	SIXT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, s _l	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

			01/565				00:-	
	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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Exclusiv Surchar								
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Partial								
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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 Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	sase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-SECOND	SEVENT	IP	SUBSCRIBER GROU	ΓY-FIRST	SEVEN
	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	Bross Receipts Third G
				1.1				

			I CLIDOOD!	TE FEFO FOD FAO			DI OOK A	-
1	ID	BER GROUP SUBSCRIBER GROU		TE FEES FOR EAC		SUBSCRIBER GRO		
Comp	0	- CODGONIBLIN GNOC	1-1 001(111	COMMUNITY/ AREA	0			COMMUNITY/ AREA
Compu	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Ra								
an								
Syndic								
Exclus					<u></u>			
Surch					<u></u>			
Partia								
Dista								
Statio								
					<u></u>			
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	ross Receipts First G
		*	ia Group	Cross reserve cos			0.0up	roco recoupto i mot o
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	Group	ase Rate Fee First G
]	IP	SUBSCRIBER GROU	NTY-SIXTH	SEV	UP	SUBSCRIBER GRO	NTY-FIFTH	SEVEN
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
]	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
- - -	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	
		CALL SIGN		CALL SIGN		CALL SIGN		otal DSEs
	0.00			CALL SIGN Total DSEs	0.00			
	0.00		n Group	CALL SIGN Total DSEs	0.00		Group	CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third G Base Rate Fee Third G

LEGAL NAME OF OW CABLE ONE, IN		LE STSTEM:					007384	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	Собр	<u> </u>			5.14 5 .54p	_		
ase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEV	'ENTY-NINTH	I SUBSCRIBER GRO	DUP		EIGHTIETH	I SUBSCRIBER GROU	JP	
OMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			_					
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	•				•	L		
			scriber group	as shown in the boxes	s above.	.		
Enter here and in bl	OUK 3, IINE 1,	space ∟ (page 7)				a		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 007384	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
EIGH1	ΓY-FIRST	SUBSCRIBER GROU			-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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								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	
EIGHT COMMUNITY/ AREA	Y-THIRD	SUBSCRIBER GROU	P 0	COMMUNITY/ AREA	'-FOURTH	SUBSCRIBER GROUP	0	
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Total DSEs			0.00	Total DSEs			0.00	
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Name				TE EEES EOD EACL				
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- = -	P 0	SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon NINET COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup ETY-FIRST	ase Rate Fee First Gi NINE OMMUNITY/ AREA
- = -	P 0	SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon NINET COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup ETY-FIRST	NINE
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- = -	DSE	SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon NINET COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	roup ETY-FIRST	NINE COMMUNITY/ AREA CALL SIGN
- = -	DSE 0.00	SUBSCRIBER GROU	d Group Y-SECOND DSE	Base Rate Fee Second NINET COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP O DSE 0.00	SUBSCRIBER GRO	DSE	NINE OMMUNITY/ AREA CALL SIGN otal DSEs
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NI	NETY-FIFTH	SUBSCRIBER GRO	DUP	N	IINETY-SIXTH	SUBSCRIBER GRO	JP	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Rasa Pata Fac Thire	1 Group	e e	0.00	Raso Pata Foo Foo	rth Group	¢	0.00	
Base Rate Fee Third	і Отоир	*	0.00	Base Rate Fee Fou	rui Gioup	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.			

	A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
	D	BER GROUP SUBSCRIBER GROU				COMPUTATION OF SUBSCRIBER GROU		
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	NDREDTH	ONE HU	IP	SUBSCRIBER GROU	Y-NINTH	NINET
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				l I				

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007384	Name
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRE	ED FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED	SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
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								and
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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 HUNDRE	D THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED	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	
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Base Rate Fee: Add the Enter here and in block			iber group	II as shown in the boxes ab	oove.	\$		

	A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
	ID.	BER GROUP SUBSCRIBER GROU				COMPUTATION OF SUBSCRIBER GROU		
9	0	SUBSCRIBER GROU	KED SIX I H	COMMUNITY/ AREA	0	SUBSCRIBER GROU		COMMUNITY/ AREA
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and			-					
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	LOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
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LEGAL NAME OF OWN							007384	Name
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ONE HUNDRED T	HIRTEENTH	SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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			scriber group	as shown in the boxes	s above.			
nter here and in blo	ck 3, line 1,	space L (page 7)				\$		

Name	007384							
9		BER GROUP SUBSCRIBER GROU			JP			ONE HUNDRED SEVE
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								Dis
								Stat
tal DSEs			0.00	Total DSEs			0.00	
oss Receipts First Gro	up	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·					·			
se Rate Fee First Gro	up	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWENT	Y-THIRD	SUBSCRIBER GROUI	Р	ONE HUNDRED TW	ENTY-FOURTH	I SUBSCRIBER GROUP)	
DMMUNITY/ AREA			0					
				COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
DALL SIGN	DSE	CALL SIGN				CALL SIGN		
		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
tal DSEs			DSE	Total DSEs	DSE		DSE	
tal DSEs	bup		DSE	Total DSEs	DSE		DSE	

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	007384	Name
	SLOCK A:	COMPUTATION O	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	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 Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
		II	• • •					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	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	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
		· · · · · · · · / · · · /				,		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	LE SYSTEM: SYSTEM ID# 007384						
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and Syndicated Exclusivity Surcharge for Partially
								Distant Stations
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	
COMMUNITY/ AREA	TY-FIRST	SUBSCRIBER GROUP	0	ONE HUNDRED THIRT	Y-SECOND	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			iber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007384								Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-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	
	RTY-FIFTH	SUBSCRIBER GROUP	_	i i	RTY-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	ove.	\$		

								CABLE ONE, INC.
				TE FEES FOR EACH	BASE RA			
9	0	SUBSCRIBER GROUP	ITY-EIGHTH :	COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED THIRTY- COMMUNITY/ AREA
Computat of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	502	CALL CICIT	562	OALL CICIT	562	ONLE GION	202	CALL GIGIT
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	ross Receipts First Group \$ 0.00		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	auc	ase Rate Fee First Gro
					0.00		•	
		SUBSCRIBER GROU	FORTIETH			SUBSCRIBER GROUP	I Y-NIN I H	
	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 Gi

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007384								Name	
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
ONE HUNDRED FOR	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FORT	Y-SECOND	SUBSCRIBER GROUP		0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
0/12E 0/0/1	302	O'ALL GIGIT		ONLE GION	562	O'NEE GIGHT	302	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FORT	Y-FOURTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	MUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup		0.00	Gross Receipts Fourth	Group	\$	0.00		
2.000 Noccipio Tilia Ol	- 2 MP			3.333 Recoipto i cuitii	J. 34p				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007384									
				ATE FEES FOR EAC					
		SUBSCRIBER GROUP				H SUBSCRIBER GROUP		9	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computat	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate	
								and	
								Syndicate	
								Exclusivi Surchar	
								for	
								Partially	
								Distant	
								Stations	
otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED FOR	RTY-SEVENTH	SUBSCRIBER GROUP	>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP	,		
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
otal DSEs		Ш	0.00	Total DSEs		11	0.00		
	d October	•			with One com	•			
Gross Receipts Thir	a Group	\$	0.00	Gross Receipts Fou	rın Group	\$	0.00		
Base Rate Fee Thir	d Group	<u> </u>	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
-use Nate GE	а Отоир 	₩	0.00	Lase Nate 1 ee Fou	Group	Ψ	0.00		
				·					
Base Rate Fee: Ade Enter here and in ble			criber group	as shown in the boxes	s above.				

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007384									
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP			
ONE HUNDRED FO	RTY-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRE	ED FIFTIETH	SUBSCRIBER GROU	Р	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
		-						and	
		-						Syndicate	
		.						Exclusivit Surcharge	
							<u>.</u>	for	
								Partially	
								Distant	
								Stations	
otal DSEs			0.00	Total DSEs			0.00		
ross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
ONE HUNDRED F	IFTY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	Р		
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		1							
			0.00	Total DSEs			0.00		
otal DSEs			0.00	11					
	Group	<u> </u>		Gross Receipts Four	th Group	\$	0.00		
	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00		
otal DSEs Gross Receipts Third Base Rate Fee Third		\$ \$		Gross Receipts Fourt		\$ \$	0.00		
Bross Receipts Third		\$ \$	0.00						
aross Receipts Third	l Group	\$	0.00		th Group				

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007384								
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-FOURTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						_		and
								Syndicated
	<u> </u>							Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DCCs			0.00	Total DCFs			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							—— <u> </u>	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	bove.	\$		

				TE FEES FOR EACH	BASEDA				
					DAGE IVA				
9	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FIF	0	SUBSCRIBER GROUP	'-SEVENTH	ONE HUNDRED FIFTY COMMUNITY/ AREA	
Computat	U			COMMONT 17 AREA	<u> </u>			COMMUNITY AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate			-						
and			-						
Syndicat Exclusiv			-						
Surchar			-						
for									
Partially			-						
Distant Station:									
Stations			-						
			-						
			-						
	0.00			Total DSEs	0.00			otal DSEs	
-									
		C	d Croup	Crose Pacainte Sacon	0.00	ross Receipts First Group \$ 0.0			
_	0.00	\$	a Group	Gross Receipts Secon	0.00				
- -	0.00	\$		Base Rate Fee Secon	0.00	\$			
- -			d Group	Base Rate Fee Secon			roup	a se Rate Fee First G	
		\$	d Group	Base Rate Fee Secon		\$	roup	Base Rate Fee First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FI	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FI	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FI	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FI	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FI	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FI	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FI	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FI	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FI	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FI	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FI	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FI	
	0.00	\$ SUBSCRIBER GROUP	d Group D SIXTIETH	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FILE COMMUNITY/ AREA CALL SIGN	
	O.00	\$ SUBSCRIBER GROUP	D SIXTIETH DSE	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROUP	DSE	ONE HUNDRED FILE COMMUNITY/ AREA CALL SIGN Total DSEs	
	0.00 DSE	SUBSCRIBER GROUP CALL SIGN	D SIXTIETH DSE	ONE HUNDRE COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE	\$ SUBSCRIBER GROUP CALL SIGN	DSE	ONE HUNDRED FI	

CABLE ONE, INC		E SYSTEM:	•			S	007384	Name
				TE FEES FOR EAC				
	FIRST	SUBSCRIBER GROL				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
								Stations
							0.00	
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	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs		11	0.00	
	Crous	<u> </u>			th Crave	ф	0.00	
Gross Receipts Third	Gгоир	\$	0.00	Gross Receipts Four	ui Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to Enter here and in block			riber group	as shown in the boxes	above.	\$	0.00	

LEGAL NAME OF OWI		E SYSTEM:	•			\$	007384	Name
•				ATE FEES FOR EAC				-
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	<i></i>		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs		11	0.00	Total DSEs			0.00	
							_	
Gross Receipts First	Gross Receipts First Group \$ 0.0			Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ ARE	<i></i>		0	COMMUNITY/ ARE	Α		O	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWI CABLE ONE, INC		E SYSTEM:	•			5	007384	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWI		E SYSTEM:	•			5	007384	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		††		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIFTEENTH	SUBSCRIBER GRO	DUP		SIXTEENTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			······			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		E SYSTEM:	•			Sì	STEM ID# 007384	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU		†	HTEENTH	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 DCCs			0.00	Total DSFs			0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First	Gross Receipts First Group \$ 0.0				d Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	NINTEENTH	SUBSCRIBER GROU	IP	T	WENTIETH	SUBSCRIBER GROUP	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth	Group	\$	0.00	
				<u>II</u>				
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes a	bove.	\$		
	. , -	,						

LEGAL NAME OF OWN		E SYSTEM:				SY	STEM ID# 007384	Name
				ATE FEES FOR EACH				
TWE	NTY-FIRST	SUBSCRIBER GROU	1P 0	†	Y-SECOND	SUBSCRIBER GROUP	0	9
COMMONT IT AREA				COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee
								and Syndicated
		_						Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWE	NTY-THIRD	SUBSCRIBER GROU	Р	TWENT	Y-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	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		*	0.00			 ₩	0.00	
Base Rate Fee: Add	the base rat	e fees for each subsc	iber group	as shown in the boxes al	oove.			
Enter here and in bloc			J ,			\$		

CABLE ONE, INC		E SYSTEM:				S	007384	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		TW		9		
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of			
								Base Rate Fee
								and
						.		Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First	·	\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO				I SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		E SYSTEM:	•			\$	007384	Name
				ATE FEES FOR EAC				
	NTY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First (\$	0.00	Base Rate Fee Seco		\$	0.00	
	RTY-FIRST	SUBSCRIBER GRO		II		SUBSCRIBER GRO		
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	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007384	Name
				ATE FEES FOR EACH				
	TY-THIRD	SUBSCRIBER GROU	P 0	 	Y-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA				COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of			
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gi	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GROU	P	THIE	RTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

CABLE ONE, INC		E SYSTEM:				S	007384	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
THIRT	Y-SEVENTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA 0				COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of			
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		#		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN		E SYSTEM:				\$	007384	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		 		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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		11	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
·	·				·			
Base Rate Fee First	·	\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO		II		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		