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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | | | | | | |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------|--|--|--|--|--|--|--|
| Accounting Period | 2019/2 | | | | | | | | | | |
| B Owner | Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. | | | | | | | | | | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | | | | |
| | CABLE ONE, INC. | | | | | | | | | | |
| | | | | 00740720192 | | | | | | | |
| | | | | 007407 2019/2 | | | | | | | |
| | 210 E. EARLL DRIVE PHOENIX, AZ 85012-2626 | | | | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to | • | | | | | | | | | |
| | names already appear in space B. In line 2, give the mailing address of | of the system, if di | fferent from the address gi | ven in space B. | | | | | | | |
| System | 1 SPARKLIGHT | | | | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: 1341 E THORNTON ROAD (Number, street, rural route, apartment, or suite number) SHOW LOW, AZ 85901 (City, town, state, zip code) | MAILING ADDRESS OF CABLE SYSTEM: 1341 E THORNTON ROAD (Number, street, rural route, apartment, or suite number) SHOW LOW, AZ 85901 | | | | | | | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | y only the frst com | nmunity served below and r | elist on page 1b | | | | | | | |
| Area | with all communities. | · · · · | | | | | | | | | |
| Served | CITY OR TOWN | STATE | | | | | | | | | |
| First | SHOW LOW | AZ | | | | | | | | | |
| Community | Below is a sample for reporting communities if you report multiple ch | annel line-ups in | Space G. | | | | | | | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | | | | | | | |
| Sample | Alda | MD | Α - | 1 | | | | | | | |
| - | Alliance | MD | В | 2 | | | | | | | |
| | Gering | MD | В | 3 | | | | | | | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 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: CABLE ONE, INC. | | | SYSTEM ID# 007407 | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-----------------------------------------|---------------------------------------------|--|--|--|--|--|--|
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. | | | | | | | | | | |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. | | | | | | | | | | |
| If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). | | | | | | | | | | |
| When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. | | | | | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | | | | | | | |
| SHOW LOW | AZ | | | First | | | | | | |
| HOLBROOK | AZ | | | Community | | | | | | |
| JOSEPH CITY | AZ | | | | | | | | | |
| NAVAJO COUNTY | AZ | | | | | | | | | |
| PINETOP LAKESIDE PINEVIEW WAGONWHEEL | AZ AZ | | | | | | | | | |
| SNOWFLAKE | AZ AZ | | | See instructions for additional information | | | | | | |
| TAYLOR | AZ | | | on alphabetization. | | | | | | |
| WINSLOW | AZ | | | | | | | | | |
| | , <u> </u> | | | | | | | | | |
| | | | | | | | | | | |
| | | | | Add rows as necessary. | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | *************************************** | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | *************************************** | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007407

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BLO | OCK 1 | | | BLOCK 2 | | | |
|--------------------------------------------------|-----------------------|----|-------|---------|---------------------|-----------------------|------|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | | RATE | | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
| Residential: | | | | Ħ | | | |
| Service to first set | 5,270 | \$ | 40.00 | | | | |
| Service to additional set(s) | | | | | | | |
| FM radio (if separate rate) | | | | | | | |
| Motel, hotel | 2,065 | \$ | 12.75 | | | | |
| Commercial | 221 | \$ | 67.08 | | | | |
| Converter | | | | | | | |
| Residential | | | | | | | |
| Non-residential | | | | | | | |
| | | r | | 1 ľ' | | | T |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| | | BLO | CK 1 | | | BLOCK 2 | | |
|---------------------------------------------|----|-------|-----------------------------------------|---------------------|-------|----------------|----|-------|
| CATEGORY OF SERVICE | F | RATE | CATEGORY OF SERVICE | CATEGORY OF SERVICE | F | RATE | | |
| Continuing Services: | | | Installation: Non-residential | | | | | |
| • Pay cable | | 15-17 | Motel, hotel | \$ | 90.00 | EXPANDED BASIC | \$ | 44.00 |
| Pay cable—add'l channel | \$ | 9.00 | Commercial | \$ | 90.00 | | | |
| Fire protection | | | • Pay cable | | | | | |
| Burglar protection | | | • Pay cable-add'l channel | | | | | |
| Installation: Residential | | | Fire protection | | | | | |
| • First set | | 0-90 | Burglar protection | | | | | |
| Additional set(s) | \$ | 30.00 | Other services: | | | | | |
| • FM radio (if separate rate) | | | Reconnect | \$ | 90.00 | | | |
| Converter | | | Disconnect | | | | | |
| | | | Outlet relocation | \$ | 30.00 | | | |
| | | | Move to new address | | | | | |
| | | | | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007407 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** (Yes or No) **CARRIAGE** OF **NUMBER STATION** (If Distant) **KAET** 8 Ε Yes 0 PHOENIX,AZ **KASW** 49 ı No PHOENIX, AZ See instructions for 7 additional information **KAZT** ı No PHOENIX, AZ on alphabetization. KAZT-2 I-M PHOENIX,AZ 7 No KNXV 15 Ν No PHOENIX,AZ **KPHO** 17 N No PHOENIX, AZ **KPNX** 12 Ν No MESA, AZ KPNX-2 12 I-M No PHOENIX, AZ **KSAZ** 10 ı No PHOENIX, AZ **KTAZ** 39 I No PHOENIX, AZ KTVK 24 ı PHOENIX, AZ No **KTVW** 33 ı PHOENIX, AZ No **KUTP** PHOENIX,AZ 26 ı No

| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|--|--|
| CABLE ONE, IN | NC. | | | | 007407 | 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 | 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. | | | | | | | | | |
| 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). | | | | | | | | | |
| 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. | | | | | | | | | |
| | 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 | 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 | IER OF CABLE SY | STEM: | | | SYSTEM ID# | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|----------------------|---------------------------------------------------------------------------------------------------------|------|--|--|--|
| CABLE ONE, IN | NC. | | | | 007407 | 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 | 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. | | | | | | | | |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program | | | | | | | | | |
| basis under specific FCC rules, regulations, or authorizations: | | | | | | | | | |
| • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. | | | | | | | | | |
| List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. | | | | | | | | | |
| | | • | | | es such as HBO, ESPN, etc. Identify | | | | |
| | | | • | • | ation. For example, report multi- ch stream separately; for example | | | | |
| WETA-simulcast). | | | | , | tion for broadcasting over-the-air in | | | | |
| its community of licens | se. For example | e, WRC is Ch | • | | s may be different from the channel | | | | |
| on which your cable sy | | | tation is a netwo | ork station, an inde | ependent station, or a noncommercial | | | | |
| | | | | | cast), "I" (for independent), "I-M" | | | | |
| • | , . | | , . | , | commercial educational multicast). | | | | |
| For the meaning of the | | | | | he paper SA3 form. es". If not, enter "No". For an ex- | | | | |
| planation of local servi | | | | | | | | | |
| Column 5: If you h | ave entered "Y | es" in columr | n 4, you must co | mplete column 5, | stating the basis on which your | | | | |
| cable system carried to carried the distant stat | | • | • • | • | tering "LAC" if your cable system | | | | |
| | • | | | | capacity. y payment because it is the subject | | | | |
| | | | | | stem or an association representing | | | | |
| - | | | • | • . | ary transmitter, enter the designa- | | | | |
| | | | | | ther basis, enter "O." For a further ed in the paper SA3 form. | | | | |
| | | | | | y to which the station is licensed by the | | | | |
| | | | | | h which the station is identifed. | | | | |
| Note: If you are utilizing | ng multiple cha | nnel line-ups, | use a separate | space G for each | channel line-up. | | | | |
| | T | CHANN | EL LINE-UP | AC | | | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | | | |
| SIGN | CHANNEL | | (Yes or No) | CARRIAGE | | | | | |
| | NUMBER | STATION | | (If Distant) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | 1 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007407 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 AD 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. | | | | 007407 | 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 carrience carriage of cert | 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 | 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. | | | | | | | | | |
| 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). | | | | | | | | | |
| 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. | | | | | | | | | |
| cable system carried t carried the distant stat For the retransmiss | he distant station ion on a part-tion sion of a distant | on during the me basis bec multicast str | accounting peri ause of lack of a eam that is not | 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 stem or an association representing | | | | |
| tion "E" (exempt). For explanation of these th Column 6: Give th | simulcasts, als nree categories e location of ea | o enter "E". If , see page (v ich station. Fo | you carried the) of the general or U.S. stations, | channel on any o instructions locate list the communit | ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. | | | | |
| Note: If you are utilizing | ng multiple cha | • | use a separate EL LINE-UP | • | channel line-up. | | | | |
| | 1 | | | | | | | | |
| 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 | IED OF CARLE SA | /STEM: | | | SYSTEM ID# | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------|--|--|--|
| CABLE ONE, IN | | STEW. | | | 007407 | Name | | | |
| PRIMARY TRANSMITT | ERS: TELEVISION | ON | | | | | | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base | In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program | | | | | | | | |
| basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 on a part-time basis because of lack of activated channel capanity. F | | | | | | | | | |
| explanation of these the Column 6: Give the | nree categories e location of ea Canadian static | , see page (vach station. Fons, if any, givennel line-ups, | of the general or U.S. stations, we the name of the use a separate | instructions locate list the communit he community with space G for each | ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. | | | | |
| | 1 | 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. | | | | 007407 | 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 carrience (1) | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a | G Primary | | |
| substitute program ba | sis, as explaine | d in the next | paragraph. | · / / / / / / / / / / / / / / / / / / / | cable system on a substitute program | Transmitters: Television | | |
| basis under specifc 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). | | | | | | | | |
| 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 identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-ups. | | | | | | | | |
| | | CHANN | EL LINE-UP | AG | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------|-----------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|--|
| CABLE ONE, II | NC. | | | | 007407 | Name | | |
| PRIMARY TRANSMITT | ERS: TELEVISI | ON | | | | | | |
| carried by your cable | system during t | he accounting | g period, except | (1) stations carrie | s and low power television stations) ed only on a part-time basis under tain network programs [sections | G | | |
| substitute program ba Substitute Basis \$ | sis, as explaine Stations: With | ed in the next respect to an | paragraph. y distant station | | and (2) certain stations carried on a cable system on a substitute program | Primary Transmitters: Television | | |
| basis under specifc 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 | | | | | | | | |
| 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 independent multi For the meaning of the | cast), "E" (for n ese terms, see | noncommercia page (v) of th | al educational), o ne general instru | or "E-M" (for nonc ections located in t | commercial educational multicast). | | | |
| cable system carried t | ave entered "Y he distant stati | es" in columr on during the | 4, you must co accounting peri | mplete column 5, od. Indicate by en | stating the basis on which your tering "LAC" if your cable system | | | |
| of a written agreemen | sion of a distan t entered into o | t multicast str n or before Ju | eam that is not s une 30, 2009, be | subject to a royalt etween a cable sy | y payment because it is the subject stem or an association representing | | | |
| tion "E" (exempt). For explanation of these the | simulcasts, als | so enter "E". If s, see page (v | you carried the of the general | channel on any o | ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. | | | |
| | Canadian statio | ons, if any, giv | e the name of t | he community wit | ty to which the station is licensed by the handle had been had been had been been the station is identified. In channel line-up. | | | |
| | | CHANN | EL LINE-UP | AH | | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | | |
| SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE (If Distant) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| *************************************** | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | · | | |

| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------|----------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|--|
| CABLE ONE, IN | NC. | | | | 007407 | Name | | |
| PRIMARY TRANSMITT | ERS: TELEVISION | ON | | | | | | |
| carried by your cable s | system during t ions in effect o | he accounting n June 24, 19 | g period, except 81, permitting the | (1) stations carrience (1) | s and low power television stations) ed only on a part-time basis under tain network programs [sections | G | | |
| substitute program ba | sis, as explaine | d in the next | paragraph. | · / / / / / / / / / / / / / / / / / / / | and (2) certain stations carried on a cable system on a substitute program | Primary Transmitters: Television | | |
| basis under specifc 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 its community of licens | se. For example | e, WRC is Ch | - | | tion for broadcasting over-the-air in 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). | | | | | | | | |
| planation of local serv | ation is outside ice area, see p | the local ser age (v) of the | vice area, (i.e. " general instruc | distant"), enter "Yo tions located in the | es". If not, enter "No". For an ex- | | | |
| cable system carried t carried the distant stat | he distant stationion on a part-ti | on during the me basis bec | accounting peri ause of lack of a | od. Indicate by en activated channel | tering "LAC" if your cable system | | | |
| 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 system actions are senting the prima | stem or an association representing iry transmitter, enter the designa- ther basis, enter "O." For a further | | | |
| explanation of these the Column 6: Give the | nree categories e location of ea | , see page (v ach station. Fo | of the general or U.S. stations, | instructions locate | ed in the paper SA3 form. y to which the station is licensed by the | | | |
| Note: If you are utilizing | | | | • | n which the station is identifed. channel line-up. | | | |
| | T | CHANN | EL LINE-UP | Al | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | • | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------|----------------------|---------------------|---------------------------------------------------------------------------------------------------------|-----------------------------|--|
| CABLE ONE, II | NC. | | | | 007407 | 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 | |
| substitute program ba 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 | | | | | | | |
| Do not list the station station was carried | • | | st it in space I (th | ne Special Statem | nent and Program Log)—If the | | |
| • List the station here, | and also in spa nformation cond | ace I, if the st | | | itute basis and also on some other of the general instructions located | | |
| | | - | | | es such as HBO, ESPN, etc. Identify | | |
| | | | • | • | ation. For example, report multi- ch stream separately; for example | | |
| WETA-simulcast). Column 2: Give th | e channel num | ber the FCC | has assigned to | the television sta | tion for broadcasting over-the-air in | | |
| its community of licens | se. For exampl | e, WRC is Ch | - | | s may be different from the channel | | |
| on which your cable sy Column 3: Indicate | • | | tation is a netwo | ork station, an ind | ependent station, or a noncommercial | | |
| educational station, by | entering the le | etter "N" (for n | etwork), "N-M" | (for network multi | cast), "I" (for independent), "I-M" | | |
| (for independent multi For the meaning of the | , . | | , . | , | commercial educational multicast). the paper SA3 form. | | |
| Column 4: If the st | tation is outside | the local ser | vice area, (i.e. " | distant"), enter "Y | es". If not, enter "No". For an ex- | | |
| planation of local serv Column 5: If you h | | | | | e paper SA3 form. stating the basis on which your | | |
| cable system carried t | he distant stati | on during the | accounting peri | od. Indicate by en | itering "LAC" if your cable system | | |
| carried the distant stat | • | | | | capacity. y payment because it is the subject | | |
| of a written agreemen | t entered into o | n or before J | une 30, 2009, be | etween a cable sy | stem or an association representing | | |
| , | | | • | | ary transmitter, enter the designa- other basis, enter "O." For a further | | |
| explanation of these th | ree categories | s, see page (v |) of the general | instructions locate | ed in the paper SA3 form. | | |
| | | | | | ty to which the station is licensed by the hy which the station is identifed. | | |
| Note: If you are utilizing | | | | • | | | |
| | | CHANN | EL LINE-UP | AJ | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| SIGN | CHANNEL | | (Yes or No) | CARRIAGE | | | |
| | NUMBER | STATION | | (If Distant) | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | 1 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | · | |
| | | | | | | | |
| | | | | | | | |

| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|
| CABLE ONE, IN | NC. | | | | 007407 | Name | |
| PRIMARY TRANSMITT | ERS: TELEVISION | ON | | | | | |
| carried by your cable s | system during t ions in effect o | he accounting n June 24, 19 | g period, except 81, permitting the | (1) stations carrience (1) | s and low power television stations) ed only on a part-time basis under tain network programs [sections | G 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 | | | | | | |
| Do not list the station | basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. | | | | | | |
| List the station here, 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 no ese 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 nonce actions located in the distant"), enter "Yotions 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. | | |
| Trotor ii you aro amizii | ig manipie ona | • | EL LINE-UP | • | опанно пр | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE (If Distant) | U. LOCATION OF STATION | | |
| | | | • | | | | |
| | | | | | | | |
| | | | • | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|
| CABLE ONE, IN | NC. | | | | 007407 | Name | |
| PRIMARY TRANSMITT | ERS: TELEVISION | ON | | | | | |
| carried by your cable s | system during t ions in effect o | he accounting n June 24, 19 | g period, except 81, permitting the | (1) stations carrience (1) | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a | G Primary | |
| substitute program ba | 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 cast stream as "WETA WETA-simulcast). | associated wit \-2". Simulcast | h a station ac streams mus | cording to its ov t be reported in | er-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 a 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 | AL | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
| | | | • | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007407 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

| LEGAL NAME OF OWN | IER OF CABLE S | /STEM: | | | SYSTEM ID# | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------|--------------------------|--|
| CABLE ONE, II | NC. | | | | 007407 | 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 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 | • | | st it in space i (tr | ne Special Statem | nent and Program Log)—If the | | |
| - | nformation con | | | | itute basis and also on some other of the general instructions located | | |
| | | - | | | es such as HBO, ESPN, etc. Identify | | |
| | | | • | • | ation. For example, report multi- ch stream separately; for example | | |
| WETA-simulcast). Column 2: Give th | e channel num | ber the FCC | has assigned to | the television sta | tion for broadcasting over-the-air in | | |
| its community of licens | se. For exampl | e, WRC is Ch | - | | s may be different from the channel | | |
| on which your cable sy Column 3: Indicate | | | tation is a netwo | ork station, an ind | ependent station, or a noncommercial | | |
| | • | , | , . | • | cast), "I" (for independent), "I-M" commercial educational multicast). | | |
| For the meaning of the | ese terms, see | page (v) of th | ne general instru | ctions located in t | the paper SA3 form. | | |
| planation of local serv | | | | | es". If not, enter "No". For an ex- e paper SA3 form. | | |
| Column 5: If you h | ave entered "Y | es" in columr | n 4, you must co | mplete column 5, | stating the basis on which your ntering "LAC" if your cable system | | |
| carried the distant stat | | • | • • • • • • • • • • • • • • • • • • • • | • | | | |
| | | | | | ty payment because it is the subject vstem or an association representing | | |
| the cable system and | a primary trans | mitter or an a | association repre | esenting the prima | ary transmitter, enter the designa- | | |
| ` ' | | | • | • | other basis, enter "O." For a further ed in the paper SA3 form. | | |
| Column 6: Give th | e location of ea | ach station. Fo | or U.S. stations, | list the communit | ty to which the station is licensed by the | | |
| FCC. For Mexican or (Note: If you are utilizing | | | | • | h which the station is identifed. n channel line-up. | | |
| | | • | EL LINE-UP | • | | | |
| | o DIOAGT | Ī | | | a 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) | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007407 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|
| CABLE ONE, IN | NC. | | | | 007407 | 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 carriage of cert | 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 | substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program | | | | | | |
| Do not list the station | basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. | | | | | | |
| List the station here, 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 service Column 5: If you he cable system carried to 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 FCC. For Mexican or Note: If you are utilizing | e in each case of entering the lecast), "E" (for notes terms, see pation is outside ice area, see part entered "Yes the distant station on a part-tipsion of a distant tentered into on a primary transsimulcasts, also ince categories e location of each canadian station multiple characteristics. | 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 to enter "E". If y see page (vach station. Foons, if any, givennel line-ups, | etwork), "N-M" (all educational), or egeneral instruction (i.e. "general instruction (i.e. you must contact accounting period (i.e. you must contact of accounting period (i.e. you carried the accountion (i.e. you carried the contact (i.e. you carried the your carried the you | (for network multidor "E-M" (for noncotions located in the distant"), enter "Yestions located in the mplete column 5, and. Indicate by enactivated channel subject to a royalty etween a cable system of the community with space G for each | 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 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 h which the station is identifed. | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
| | NOWBER | STATION | | (II Distant) | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007407 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Nama |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|----------------------|---------------------|---------------------------------------------------------------------------------------------------------|--------------------------|
| CABLE ONE, IN | NC. | | | | 007407 | , Name |
| PRIMARY TRANSMITT | ERS: TELEVISION | ON | | | | |
| carried by your cable s | system during t | he accounting | g period, except | (1) stations carrie | s and low power television stations) ed only on a part-time basis under tain network programs [sections | G |
| 76.59(d)(2) and (4), 76 | 6.61(e)(2) and (| (4), or 76.63 (| referring to 76.6 | • | and (2) certain stations carried on a | Primary Transmitters: |
| substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program | | | | | | |
| basis under specifc FC | | | | 0.000 | and and Branco and any William | |
| Do not list the station station was carried | • | | st it in space I (th | ne Special Statem | ent and Program Log)—if the | |
| List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. | | | | | | |
| | | • | | | es such as HBO, ESPN, etc. Identify | |
| | | | • | • | ation. For example, report multi- ch stream separately; for example | |
| WETA-simulcast). | | | • | , | tion for broadcasting over-the-air in | |
| | | | - | | s may be different from the channel | |
| on which your cable sy | | | tation is a netwo | ork station, an ind | ependent station, or a noncommercial | |
| | | | | | cast), "I" (for independent), "I-M" | |
| (for independent multion | 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 | | | | | the paper SA3 form. es". If not, enter "No". For an ex- | |
| planation of local servi | ce area, see p | age (v) of the | general instruc | tions located in th | e paper SA3 form. | |
| _ | | | • | • | stating the basis on which your | |
| carried the distant stat | | | | | tering "LAC" if your cable system capacity. | |
| For the retransmiss | sion of a distan | t multicast str | eam that is not | subject to a royalt | y payment because it is the subject | |
| _ | | | | - | stem or an association representing | |
| _ | | | • | • . | ary transmitter, enter the designa- other 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. | |
| | | | | | ty to which the station is licensed by the | |
| Note: If you are utilizing | | | | • | h which the station is identifed. n channel line-up. | |
| · | | CHANN | EL LINE-UP | AR | · | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | 1 |
| SIGN | CHANNEL | | (Yes or No) | CARRIAGE | o. Econtrol of others | |
| | NUMBER | STATION | , , | (If Distant) | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | " |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | " |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | " |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | " |

| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|---------------------|---------------------------------------------------------------------------------------------------------|--------------------------|--|--|
| CABLE ONE, II | NC. | | | | 007407 | 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 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 | | | | | | | | |
| Do not list the station station was carried | • | | st it in space I (tr | ne Special Statem | ent and Program Log)—if the | | | |
| • List the station here, | and also in spa nformation cond | ace I, if the st | | | itute basis and also on some other of the general instructions located | | | |
| | | - | | | es such as HBO, ESPN, etc. Identify | | | |
| | | | • | • | ation. For example, report multi- ch stream separately; for example | | | |
| WETA-simulcast). | | | • | , | tion for broadcasting over-the-air in | | | |
| its community of licens | se. For exampl | e, WRC is Ch | - | | s may be different from the channel | | | |
| on which your cable sy | | | tation is a netwo | ork station, an ind | ependent station, or a noncommercial | | | |
| educational station, by | entering the le | etter "N" (for n | etwork), "N-M" | (for network multi | cast), "I" (for independent), "I-M" | | | |
| (for independent multi- For the meaning of the | , . | | , . | , | commercial educational multicast). | | | |
| Column 4: If the st | ation is outside | the local ser | vice area, (i.e. " | distant"), enter "Y | es". If not, enter "No". For an ex- | | | |
| planation of local servi | | | | | e paper SA3 form. stating the basis on which your | | | |
| · | | | • | • | stering "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- | | | |
| ` ' | | | • | • | other basis, enter "O." For a further ed in the paper SA3 form. | | | |
| | | | | | ty to which the station is licensed by the | | | |
| Note: If you are utilizing | | | | • | h which the station is identifed. n channel line-up. | | | |
| | | CHANN | EL LINE-UP | AT | | | | |
| 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) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007407 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 AS 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|----------------------|---------------------|---------------------------------------------------------------------------------------------------------|--------------------------|--|
| CABLE ONE, I | NC. | | | | 007407 | Name | |
| PRIMARY TRANSMITT | ERS: TELEVISION | 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), 7 | 6.61(e)(2) and (| (4), or 76.63 (| referring to 76.6 | • | and (2) certain stations carried on a | Primary Transmitters: | |
| substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program | | | | | | | |
| basis under specifc 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 | • | | st it in space i (tr | ne Special Statem | lent and Program Log)—If the | | |
| • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. | | | | | | | |
| | | • | | | es such as HBO, ESPN, etc. Identify | | |
| | | | • | • | ation. For example, report multi- ch stream separately; for example | | |
| WETA-simulcast). | | | • | , | tion for broadcasting over-the-air in | | |
| | | | - | | s may be different from the channel | | |
| on which your cable s | ystem carried th | 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 signardion of local serv | | | | | es". If not, enter "No". For an ex- | | |
| | | | | | stating the basis on which your | | |
| cable system carried t | he distant station | on during the | accounting peri | od. Indicate by en | tering "LAC" if your cable system | | |
| carried the distant sta | • | | | | • | | |
| | | | | | y payment because it is the subject stem or an association representing | | |
| _ | | | | - | ary transmitter, enter the designa- | | |
| | | | | | ther basis, enter "O." For a further | | |
| | | | | | ed in the paper SA3 form. by to which the station is licensed by the | | |
| | | | | | h which the station is identifed. | | |
| Note: If you are utilizing | | | | • | | | |
| | | CHANN | EL LINE-UP | AU | | | |
| 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) | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007407 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 AV 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 007407 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)

| LEGA | L NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | Name | | | | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|------------------------------------------------------|--|--|--|--|--|
| CAI | BLE ONE, INC. | | 007407 | Name | | | | | |
| Inst all a (as i | DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's second dentified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. | ondary transmiss | sion service | K Gross Receipts | | | | | |
| IMP | Gross receipts from subscribers for secondary transmission service(s) during the accounting period. | \$ | 1,573,067.13 | | | | | | |
| IMP | ORTANT: You must complete a statement in space P concerning gross receipts. | (Amount of | gross receipts) | | | | | | |
| InstruConConIf yo fee tIf yo | COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. | | | | | | | | |
| | 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 | e 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 | ? in block | | | | | | |
| | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | ould be entered o | on line | | | | | | |
| | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K | | | | | | | | |
| | Line 2. Multiply the amount in line 1 by 0.01064 | | .,010,001110 | | | | | | |
| | Enter the result here. This is your minimum fee. | • | 16,737.43 | | | | | | |
| | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and on the station of the s | mn 4, you must o | sheck | | | | | | |
| 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 | _\$ | 4,184.36 | | | | | | |
| | 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 | \$ | 4,184.36 | | | | | | |
| 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 | \$ | 16,737.43 | 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. | | 0.00 | submitting additional deposits under | | | | | |
| | Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | 0.00 | Section 111(d)(7) should contact the Licensing | | | | | |
| | Line 4. FILING FEE | _\$ | 725.00 | additional fees. Division for the appropriate | | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | 17,462.43 | 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 t | he | additional fees. | | | | | |

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

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. | SYSTEM ID# 007407 |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| | CHANNELS | |
| M 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. | |
| Cnannels | 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 | 293 |
| N Individual to | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) | |
| Be Contacted for Further Information | Name EMERSON YEARWOOD Telephone 602-364 | -6195 |
| | Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) | |
| | PHOENIX, AZ 85012-2626 (City, town, state, zip) | |
| | Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013 | |
| | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) | |
| O Certifcation | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) | |
| | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or | dentified |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cain line 1 of space B. | able 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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting | - |
| | Typed or printed name: RAYMOND STORCK | |
| | Title: VICE PRESIDENT (Title of official position held in corporation or partnership) | |
| | Date: February 28, 2020 | |

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

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE, PAGE 11. (CONTINUED)

| | | | | | | /A===1.1 i= :: | | | | |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------|--------------------|-----------------------------|----------------|--|--|--|--|
| 1 | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | | | | |
| • | CABLE ONE, INC. | | | | | 007407 | | | | |
| | SUM OF DSEs OF CATEGOR | Y "O" STATION | NS: | | | | | | | |
| | | Add the DSEs of each station. | | | | | | | | |
| | Enter the sum here and in line 1 of part 5 of this schedule. 0.25 | | | | | | | | | |
| | | | | | | | | | | |
| 2 | nstructions: n 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). | ngii . list tile ca | il signs of all distant stations | s identified by ti | ie ietter O iii coldiiiii 3 | | | | | |
| Computation | In the column headed "DSE" | : for each indep | endent station, give the DSE | ∃ as "1.0"; for € | each network or noncom- | | | | | |
| of DSEs for | mercial educational station, give | | | | | | | | | |
| Category "O" | | | CATEGORY "O" STATION | NS: DSEs | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | |
| | KAET | 0.250 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Add rows as | | | | | | | | | | |
| necessary. | | | | | | | | | | |
| Remember to copy | | | | | | | | | | |
| all formula into new | | | | | | | | | | |
| rows. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | , | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | - | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Ī | | | | | | 1 | | | | |

| | LEGAL NAME OF C | OWNER OF CABLE SYSTEM: | | | | | | S | SYSTEM ID# |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|------------|
| Name | CABLE ONE | , INC. | | | | | | | 007407 |
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6 | CAPACITY st the call sign of all dista : For each station, give the correspond with the infor : For each station, give the distance of the correspond with the information of the correspond with the information of the corresponding of the co | he number of hou mation given in sphe total number or alm 2 by the figure hal point. This is totation, give the "total lumn 4 by the figure hall b | rs your cable system of the column 3, and the "basis of carriage of carriage of the column 5, and the "basis of carriage of carriage of the column 5, and the in column 5, and the in column 5, and the column 5, | m carried the stanly one DSE for tion broadcast or give the result in ge value" for the second retwo | ation during the each station. Ver the air du decimals in station. Ork or noncontin column 6. I | ring the accou column 4. Thi nmercial educ Round to no le | unting period. Is figure must cational station, | |
| Capacity | CATEGORY LAC STATIONS: COMPUTATION OF DSEs | | | | | | | | |
| | 1. CALL SIGN | 2. NUMBE OF HOU CARRIE SYSTEM | JRS ED BY | NUMBER OF HOURS STATION ON AIR | 4. BASIS OI CARRIAC VALUE | | 5. TYPE VALUE | 6. DS | SE. |
| | | | ÷ | | = | Х | | = | |
| | | | ÷ | | = | X | | = | |
| | | | ÷ ÷ | | | x | | = | |
| | | | ÷ | | | | | | |
| | | | ÷ | | = | × | | = | |
| | | | ÷ | | = | х | | = | |
| | | | ÷ | | = | х | | = | |
| | Add the DSEs | of CATEGORY LAC Sof each station. Im here and in line 2 of page 2. | | ule, | ▶ | | 0.00 | | |
| Computation of DSEs for Substitute-Basis Stations | space I). titute- space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted | | | | | | of were deleted than the third | rm). | |
| | | SU | BSTITUTE-BA | ASIS STATION | IS: COMPUT | ATION OF | DSEs | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUN OF PRO | MBER DGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
| | | | | = | | | ÷ | | = |
| | | - | | = | | | ÷ | | |
| | | - | | = | | | ÷ | | = |
| | | ÷ | | | | | ÷ | | = |
| | | · | | = | | | ÷ | | |
| | Add the DSEs | of SUBSTITUTE-BASI of each station. Im here and in line 3 of pa | | ule, | | | 0.00 | | |
| 5 | | ER OF DSEs: Give the ames applicable to your system | | es in parts 2, 3, and | d 4 of this schedu | le and add the | em to provide | the total | |
| Total Number | 1. Number o | f DSEs from part 2 ● | | | | | | 0.25 | |
| of DSEs | 2. Number o | f DSEs from part 3 ● | | | | <u></u> | | 0.00 | |
| | 3. Number o | f DSEs from part 4 ● | | | | - | | 0.00 | |
| | TOTAL NUMBE | R OF DSEs | | | | | > [| | 0.25 |

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

| LEGAL NAME OF C | WNER OF CABLE S | SYSTEM: | | | | | S | YSTEM ID# | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------|------------|-----------------------------------------------------|
| CABLE ONE, | INC. | | | | | | | 007407 | Name |
| In block A: | ck A must be comp | | art 6 and part 7 | of the DSE sched | dule blank and | l complete part | 8, (page 16) of th | ne | 6 |
| | "No," complete blo | cks B and C | below. | | | | | | |
| | | | BLOCK A: 7 | TELEVISION MA | ARKETS | | | | Computation of 3.75 Fee |
| effect on June 24 | m located wholly or , 1981? aplete part 8 of the olete blocks B and | schedule—D C below. | O NOT COMP | | INDER OF PA | .RT 6 AND 7. | CC rules and regu | lations in | S C |
| 0.1 | | | | | | | | | |
| Column 1: CALL SIGN | under FCC rules | and regulatione DSE Scheo | ns prior to Jun dule. (Note: Th | part 2, 3, and 4 of the 25, 1981. For fure eletter M below re Act of 2010.) | rther explanati | ion of permitted | d stations, see the |) | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station previous | les and reguled pursuant to on as defined al educationad station (76.6 or DSE schedunt to individuciously carried of the station with the stat | ations cited be to the FCC mar in 76.5(kk) (76.5) I station [76.59.55) (see paragicule). It waiver of F0 d on a part-time ithin grade-B c | e or substitute bas ontour, [76.59(d)(5 | se in effect on 5.57, 76.59(b), (c)(1), 76.63(a) (3(a) referring estitution of gradius prior to Jun | June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta | 6.63(a) referring to | | |
| Column 3: | | e stations ider | ntified by the le | parts 2, 3, and 4 o | | | rksheet on page 1 | 14 of | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | |
| KAET | C | 0.25 | 5.5.1 | Di tele | | 5.5.1 | 27.10.10 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | •••••• | | | | | •••••• | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | 0.25 | |
| | | Е | BLOCK C: CC | MPUTATION OF | F 3.75 FEE | | | | |
| Line 1: Enter the | e total number of | DSEs from բ | oart 5 of this | schedule | | | | 0.25 | |
| Line 2: Enter the | sum of permitte | d DSEs from | n block B abo | ve | | | - | 0.25 | |
| | line 2 from line 1 eave lines 4–7 bl | | | • | | ate. | , | 0.00 | |
| Line 4: Enter gro | oss receipts from | space K (pa | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represent |
| Line 5: Multiply I | ine 4 by 0.0375 a | ınd enter sur | m here | | | | | | partially permited/ partially nonpermitted |
| Line 6: Enter tota | al number of DSE | Es from line | 3 | | | | X | | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply I | ine 6 by line 5 an | d enter here | and on line 2 | 2, block 3, space | L (page 7) | | | 0.00 | |

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

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABLE | E SYSTEM: | | | | | 007407 | Name |
|-------------------------------------|--------------|-----------------|--------------|-----------------------|-------------------------------------|-------------------|--------|----------------------|
| B | SLOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| FIRST SUBSCRIBER GROUP | | | | | JP | • | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Seco | Gross Receipts Second Group \$ 0.00 | | | |
| | | | | | | | | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GROU | ΙP | | FOURTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | • | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | | | | | | _ | | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| | | | | | | | | |
| | | | | | | | | |
| Base Rate Fee: Add the | | | iber group a | as shown in the boxes | above. | | 0.00 | |
| Enter here and in block | 3, line 1, s | pace L (page 7) | | | | \$ | 0.00 | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABLI | E SYSTEM: | | | | S\ | O07407 | Name |
|------------------------------------------------|------------|-----------------|-------------|-------------------------|----------|----------------------|--------|---------------|
| В | LOCK A: | COMPUTATION O | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| FIFTH 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 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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 GROU | JP | | EIGHTH | SUBSCRIBER GROUI | Þ | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | <u> </u> | | | |
| | | | | | | | | |
| | | | | | <u> </u> | | | |
| | | | | | | | | |
| | | | | | <u> </u> | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | | | | II . | | | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes a | bove. | \$ | | |
| | | · (i -/3 / | | | | * | | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABL | E SYSTEM: | | | | | O07407 | Name |
|--------------------------------------------------|-----------|-----------------|-------------|-------------------------|---------|----------------------|----------|---------------|
| В | LOCK A: | COMPUTATION O | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| NINTH SUBSCRIBER GROUP | | | | | TENTH | SUBSCRIBER GROU | P | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 0 | 9 Computation | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DOF | | | 0.00 | Tatal DOF | | | 0.00 | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| E | LEVENTH | SUBSCRIBER GROU | JP | | TWELVTH | SUBSCRIBER GROU | D | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | _ | | | | _ | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | iroup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add th Enter here and in block | | | riber group | as shown in the boxes a | bove. | \$ | | |
| Horo and in block | J, 1, 3 | - (pago 1) | | | | - | | |

| CABLE ONE, INC | ·- | | | | | | 007407 | Name |
|------------------------|-----------|---------------------------|------|--------------------|-----------|------------------|--------|-------------------------|
| | | | | TE FEES FOR EAC | | | | |
| | HIRTEENTH | SUBSCRIBER GRO | | †† | | 1 SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate I |
| | | - | | | | | | and |
| | | | | | | | | Syndicate |
| | | | | | | | | Exclusivit Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | - | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First C | Group | \$ | 0.00 | Gross Receipts Sec | 0.00 | | | |
| | 2.00p | <u>-</u> | | | | | | |
| ase Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| F | FIFTEENTH | SUBSCRIBER GRO | JP | | SIXTEENTH | SUBSCRIBER GRO | JP | |
| OMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | 0.1220.01 | | 0.120 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | ···· | | | | | |
| | | - | ···· | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Fross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| , - | • | | | | , | | | |
| | | | | | | | | |
| Name Barra E | 0 | _ | 0.00 | D | | _ | ~ ~ ~ | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| | | \$ te fees for each subsc | | Base Rate Fee Fou | | \$ | 0.00 | |

| | P | BER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | | COMPUTATION OF SUBSCRIBER GROU | | | |
|-------------------|------|---------------------------|----------|-------------------------|------|--------------------------------|--------------|------------------------|--|
| 9 | 0 | SOBOCKIBER GROO | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
| Computa of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
| Base Rate | | | | | | 0.122001 | | | |
| 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 | | | | |
| | | | a 0.0up | Cross rescipte costin | | | Зар | roos ressipto i not en | |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | oup | ase Rate Fee First Gro | |
| | P | SUBSCRIBER GROU | WENTIETH | TV | IP | SUBSCRIBER GROU | ITEENTH | NIN | |
| | 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 | iross Receipts Third G | |
| | | · | J WP | 3.555 Nosoipio i oditii | | * | ~ ~ ~ | | |
| | | | | | | | | | |

| | | | | TE FEES FOR EACH | | COMPUTATION OF SUBSCRIBER GROU | | |
|----------------|------|-----------------|----------|-----------------------|------|--------------------------------|-----------|------------------------|
| 9 | 0 | SUBSCRIBER GROU | Y-SECOND | COMMUNITY/ AREA | 0 | SUBSCRIBER GROC | I Y-FIRST | COMMUNITY/ AREA |
| Computa of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate | 302 | O/ILL SIGIT | 562 | 07.22 01011 | 562 | 67 LEE 61614 | 202 | 0,122 0,011 |
| and | | | | | | | | |
| Syndica | | | | | | | | |
| Exclusiv | | | | | | | | |
| Surchar for | | | | | | | | |
| Partial | | | | | | | | |
| Distan | | | | | | - | | |
| Station | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 0.00 | | | Total DSEs | 0.00 | | | otal DSEs |
| | | | | | | Gross Receipts First Gr | | |
| | | | · | · | | | · | · |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | oup | ase Rate Fee First Gr |
| | Р | SUBSCRIBER GROU | Y-FOURTH | TWENT | IP | SUBSCRIBER GROL | Y-THIRD | TWENT |
| | 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 |
| | I | | | llo | | | | |
| | 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | roup | Bross Receipts Third G |

| <u> </u> | CABLE ONE, INC. 007407 | | | | | | | | |
|------------------------|------------------------|--------------------------------|-----------|---------------------------------------------------------------------------------------------|------------------------|----------------------|-----------|--------------------------------------------------|--|
| 1 | | | | ATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP BER GROUP TWENTY-SIXTH SUBSCRIBER GROUP | | | | | |
| 9 | | SUBSCRIBER GROU | NTY-SIXTH | | | SUBSCRIBER GRO | ITY-FIFTH | | |
| Computati | 0 | | | COMMUNITY/ AREA | 0 | | | OMMUNITY/ AREA | |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
| Base Rate | | | | | | | | | |
| and | | | | | | | | | |
| Syndicate | | | | | | | | | |
| Exclusivit Surcharg | | | | | | | | | |
| for | | | | | | | | | |
| Partially | | | | | | | | | |
| Distant | | | | | | | | | |
| Stations | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | | | | | | | | | |
| I | 0.00 | | | Total DSEs | 0.00 | | | otal DSEs | |
| . | | | | | | | | | |
| | | \$ | d Group | Gross Receipts Secor | 0.00 | \$ | roup | ross Receipts First Gr | |
| | 0.00 | \$ | d Group | Gross Receipts Secor | 0.00 | \$ | roup | ross Receipts First G | |
| | | \$ | · | Gross Receipts Secon | 0.00 | \$ \$ | · | iross Receipts First Gi ase Rate Fee First Gi | |
| | 0.00 | | d Group | Base Rate Fee Secon | 0.00 | \$ \$ SUBSCRIBER GRO | roup | ase Rate Fee First Gr | |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | | roup | ase Rate Fee First Gr | |
| | 0.00 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | | roup | ase Rate Fee First Gr | |
| | 0.00 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | | roup | ase Rate Fee First Gr | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA | 0.00 JP 0 | SUBSCRIBER GRO | SEVENTH | TWENTY- | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA | 0.00 JP 0 | SUBSCRIBER GRO | SEVENTH | TWENTY-SOMMUNITY/ AREA | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA | 0.00 JP 0 | SUBSCRIBER GRO | SEVENTH | TWENTY-SOMMUNITY/ AREA | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA | 0.00 JP 0 | SUBSCRIBER GRO | SEVENTH | TWENTY- | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA | 0.00 JP 0 | SUBSCRIBER GRO | SEVENTH | TWENTY- | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA | 0.00 JP 0 | SUBSCRIBER GRO | SEVENTH | TWENTY- | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA | 0.00 JP 0 | SUBSCRIBER GRO | SEVENTH | TWENTY- | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA | 0.00 JP 0 | SUBSCRIBER GRO | SEVENTH | TWENTY- | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA | 0.00 JP 0 | SUBSCRIBER GRO | SEVENTH | TWENTY- | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA | 0.00 JP 0 | SUBSCRIBER GRO | SEVENTH | TWENTY- | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA | 0.00 JP 0 | SUBSCRIBER GRO | SEVENTH | TWENTY- | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA | 0.00 JP 0 | SUBSCRIBER GRO | SEVENTH | TWENTY- | |
| | 0.00 P 0 DSE | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon TWEN COMMUNITY/ AREA CALL SIGN | DSE | SUBSCRIBER GRO | SEVENTH | TWENTY-SOMMUNITY/ AREA CALL SIGN | |
| | 0.00 P | \$ SUBSCRIBER GROU | DSE | TOTAL DSES | 0.00 JP O DSE 0.00 | SUBSCRIBER GRO | DSE | TWENTY-SOMMUNITY/ AREA CALL SIGN Otal DSEs | |
| | 0.00 P 0 DSE | \$ SUBSCRIBER GROU | DSE | Base Rate Fee Secon TWEN COMMUNITY/ AREA CALL SIGN | DSE | SUBSCRIBER GRO | DSE | TWENTY-SOMMUNITY/ AREA CALL SIGN | |
| | 0.00 P | \$ SUBSCRIBER GROU CALL SIGN | DSE | TOTAL DSES | 0.00 JP O DSE 0.00 | CALL SIGN | DSE | TWENTY-SOMMUNITY/ AREA CALL SIGN Otal DSEs | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407 | | | | | | | Name | |
|---------------------------------------------------------------------------|----------------------------------------|-----------------|-------------|--------------------------|-----------|--------------------|------|----------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| TWEN | TY-NINTH | SUBSCRIBER GROU | IP | - | 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 |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| THIR | TY-FIRST | SUBSCRIBER GROU | IP | THIRT | /-SECOND | SUBSCRIBER GROUF | , | |
| COMMUNITY/ AREA | | ODDONIDEN GNOC | 0 | COMMUNITY/ AREA | CLOCIAD | CODECTIBLIC CINCOL | 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 al | oove. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407 | | | | | | Name | | |
|--------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------|------------|--------------------------|-----------|------------------|------|----------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| THIR | ry-THIRD | SUBSCRIBER GROU | | 1 | Y-FOURTH | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Base Rate Fee |
| | | | | | | — | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | • | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| THIR | TY-FIFTH | SUBSCRIBER GROU | Р | THIF | 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 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. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407 | | | | | | | | Name |
|---------------------------------------------------------------------------|-----------------------------------------|-----------------|-------------|-------------------------|-----------|-----------------|------|---------------------------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | · · · · · · · · · · · · · · · · · · · |
| THIRTY-S | SEVENTH | SUBSCRIBER GROU | JP | THIR | TY-EIGHTH | SUBSCRIBER GROU | Р | ^ |
| COMMUNITY/ AREA | *************************************** | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| T. () D. () | | II | 0.00 | T. (4) D.C. | | | 0.00 | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| THIR | TY-NINTH | SUBSCRIBER GROU | JP | | FORTIETH | SUBSCRIBER GROU | P | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | <u></u> | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| 3 3 3 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | r | - | | | F | · | | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | ı Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes a | bove. | \$ | | |
| | • | . , | | | | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407 | | | | | | | | Name |
|--------------------------------------------------------------------------|-----------------------------------------------|-----------------|------------|--------------------------|----------|------------------|------|------------------------------------|
| Bl | OCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRIE | BER GROUP | | |
| FOR | ΓY-FIRST | SUBSCRIBER GROU | | | -SECOND | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee and Syndicated |
| | | | | | | | | Exclusivity Surcharge |
| | | | | | | | | for Partially Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gro | | | | | l Group | \$ | 0.00 | |
| Base Rate Fee First Gro | | \$ | 0.00 | Base Rate Fee Second | | \$ | 0.00 | |
| FORT COMMUNITY/ AREA | FORTY-THIRD SUBSCRIBER GROUP 1UNITY/ AREA 0 | | | FORTY COMMUNITY/ AREA | ′-FOURTH | SUBSCRIBER GROUP | 0 | |
| | | | | | | T | | |
| 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 | as shown in the boxes ab | ove. | \$ | | |

| | ID. | BER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | | COMPUTATION OF SUBSCRIBER GROU | | |
|----------------|------|------------------------------|-----------|-----------------------|------|--------------------------------|--------------|-------------------------|
| 9 | 0 | SUBSCRIBER GROU | X11-5IX1H | COMMUNITY/ AREA | 0 | SUBSCRIBER GROU | I Y-FIF I FI | COMMUNITY/ AREA |
| Computa of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate | 362 | G. I G.G. I | | | 202 | 57.22 5.51. | 202 | |
| and | | | | | | | | |
| Syndica | | | | | | | | |
| Exclusiv | | | | | | | | |
| Surchar | | | | | | | | |
| for Partial | | | - | | | | | |
| Distan | | | | | | | | |
| Station | | | - | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 0.00 | | | Tatal BOEs | 0.00 | | <u> </u> | |
| | 0.00 | | | Total DSEs | 0.00 | | | otal DSEs |
| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | oup | ross Receipts First Gro |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | oup | ase Rate Fee First Gro |
| | Р | SUBSCRIBER GROU | Y-EIGHTH | FOR | IP | SUBSCRIBER GROL | EVENTH | 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 | Fross Receipts Third G |
| | | | | | | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407 | | | | | | | | Name |
|---------------------------------------------------------------------------|---------------|------------------|---------------|-----------------------|------------|----------------|------|------------------------|
| | | | | ATE FEES FOR EAC | | | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | | 9 |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate |
| | | | | | | | | and |
| | | | | | | | | Syndicate |
| | | | | | | | | Exclusivit Surcharg |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Fross Receipts First | t Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| · | · | | | | • | · | | |
| ase Rate Fee First | t Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | FIFTY-FIRST | SUBSCRIBER GRO | DUP | FII | FTY-SECONE | SUBSCRIBER GRO | UP | |
| OMMUNITY/ AREA | 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 | |
| | • | <u>.</u> | 2- - | | • | (· | 2.30 | |
| | | | | | | | | |
| | | | scriber group | as shown in the boxes | s above. | | | |
| Enter here and in blo | CK 3, line 1, | space L (page /) | | | | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407 | | | | | | | | Name |
|---------------------------------------------------------------------------|--------------|------------------|-------------|-------------------------|-----------------|------------------|----------|----------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| FIF | TY-THIRD | SUBSCRIBER GROU | JP | FIFT | Y-FOURTH | SUBSCRIBER GROUP |) | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially Distant |
| | | | | | <u> </u> | | <u></u> | Stations |
| | | | | | | _ | | Otations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| | Cup | · · | | | a c .cap | | | |
| 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 |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | | | | |
| | | | | | | | <u></u> | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Total DSEs | | | | Total DSEs | | | _ | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | e | 0.00 | Raco Data Foo Founds | Group | ¢ | 0.00 | |
| Dase Rate Fee Third G | | Φ | 0.00 | Base Rate Fee Fourth | σιουρ | \$ | 0.00 | |
| | | | | | | | | |
| | | | riber group | as shown in the boxes a | oove. | . | | |
| Enter here and in block | ്, iine 1, s | space ∟ (page /) | | | | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407 | | | | | | | Name | |
|---------------------------------------------------------------------------|--------------|------------------|-------------|-------------------------|----------|------------------|------|------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| FIFTY- | SEVENTH | SUBSCRIBER GROU | JP | FIFT | Y-EIGHTH | SUBSCRIBER GROUP | | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| FIF | TY-NINTH | SUBSCRIBER GROU | JP | | SIXTIETH | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | | | | | | | | |
| | | | riber group | as shown in the boxes a | oove. | | | |
| Enter here and in block | ്, iine 1, s | space ∟ (page /) | | | | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407 | | | | | | Name | | |
|---------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|------------|--------------------------|----------|------------------|--------|----------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| SIX | TY-FIRST | SUBSCRIBER GROU | Р | SIXTY | -SECOND | SUBSCRIBER GROUP | | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| SIXT | Y-THIRD | SUBSCRIBER GROU | P | SIXTY | Y-FOURTH | SUBSCRIBER GROUP | 1 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | ······ | |
| | | | | | | | | |
| | | | | | | | • | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | e base rat e 3, line 1, s | e fees for each subsci pace L (page 7) | iber group | as shown in the boxes at | oove. | \$ | | |

| | D | BER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | | COMPUTATION OF SUBSCRIBER GROU | | |
|----------------|-------|---------------------------|------------|-----------------------|------|--------------------------------|--------|-------------------------|
| 9 | 0 | | XTT-ODXTIT | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| Computa of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate | | | | | | | | |
| and | | | | | | _ | | |
| Syndica | | | | | | | | |
| Exclusiv | | | | | | | | |
| Surchar for | | | | | | | | |
| Partial | | | | | | | | |
| Distan | | | | | | | | |
| Station | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 0.00 | | | Total DSEs | 0.00 | | | otal DSEs |
| | _ | • | -1 0 | | | | | |
| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | oup | ross Receipts First Gro |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | oup | ase Rate Fee First Gro |
| | Р | SUBSCRIBER GROU | Y-EIGHTH | SIXT | IP | SUBSCRIBER GROL | EVENTH | SIXTY-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 | iross Receipts Third G |
| | | | • | | | | | • |
| | | | | | | | | |

| Name | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | | | |
|----------------------|------------------------------------------------------------------|--------------------------------|----------------------|-------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|----------------------------------------------|--|--|
| | | BER GROUP | I SUBSCRI | TE FEES FOR EACH | BASE RA | COMPUTATION O | LOCK A: (| В | | |
| 9 | | SUBSCRIBER GROU | EVENTIETH | | | SUBSCRIBER GROU | TY-NINTH | | | |
| Computati | 0 | | | COMMUNITY/ AREA | 0 | | | OMMUNITY/ AREA | | |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | | |
| Base Rate | | | | | | | | | | |
| and | | - | | | | | | | | |
| Syndicate | | | | | | | | | | |
| Exclusivity Surcharg | | | | | | | | | | |
| for | | | | | | | | | | |
| Partially | | | | | | | | | | |
| Distant | | | | | | | | | | |
| Stations | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| _ | | | | | | | | | | |
| | 0.00 | | | Total DSEs | 0.00 | DSEs 0.00 | | | | |
| | 0.00 | | | Total DSES | | | | | | |
| | 0.00 | \$ | nd Group | Gross Receipts Secon | 0.00 | \$ | oup | Gross Receipts First Gr | | |
| | | \$ | nd Group | | | \$ | oup | Gross Receipts First Gr | | |
| | | \$ \$ | · | | | \$ | · | Gross Receipts First Gr | | |
| | 0.00 | | nd Group | Gross Receipts Secon | 0.00 | \$ \$ SUBSCRIBER GROU | oup | a se Rate Fee First Gr | | |
| = | 0.00 | \$ | nd Group | Gross Receipts Secon | 0.00 | | oup | a se Rate Fee First Gr | | |
| | 0.00 0.00 | \$ | nd Group | Gross Receipts Secon Base Rate Fee Secon SEVENT | 0.00 0.00 | | oup | s ase Rate Fee First Gr SEVEN | | |
| = = - | 0.00 0.00 | \$ SUBSCRIBER GROU | nd Group Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| = - - | 0.00 0.00 | \$ SUBSCRIBER GROU | nd Group Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | nd Group Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | nd Group Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | nd Group Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | nd Group Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | nd Group Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | nd Group Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| | 0.00 0.00 | \$ SUBSCRIBER GROU | Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| | 0.00 DSE | \$ SUBSCRIBER GROU | Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA CALL SIGN | 0.00 DSE | SUBSCRIBER GROI | oup TY-FIRST | SEVEN SEVEN COMMUNITY/ AREA CALL SIGN | | |
| | 0.00 P | \$ SUBSCRIBER GROU | Y-SECOND | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA | 0.00 DSE 0.00 | SUBSCRIBER GROI | oup TY-FIRST | SEVEN | | |
| | 0.00 DSE | \$ SUBSCRIBER GROU | DSE | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA CALL SIGN | 0.00 DSE | SUBSCRIBER GROI | DSE | SEVEN SEVEN COMMUNITY/ AREA CALL SIGN | | |
| | 0.00 P | \$ SUBSCRIBER GROU CALL SIGN | DSE | Gross Receipts Secon Base Rate Fee Secon SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs | 0.00 DSE 0.00 | CALL SIGN | DSE | SEVEN COMMUNITY/ AREA CALL SIGN Cotal DSEs | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. | | | | | | SY | STEM ID# 007407 | Name |
|-------------------------------------------------------|------------------------------------|-------------------------------------------|------------|--------------------------|-----------|------------------|--------------------|-------------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| SEVENT | TY-THIRD | SUBSCRIBER GROU | Р | SEVENT | /-FOURTH | SUBSCRIBER GROUP | | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| SEVEN | TY-FIFTH | SUBSCRIBER GROU | Р | SEVEN | NTY-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 | <u> </u> | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| | | · | | | مام د . د | | | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | e base rate 3, line 1, s | e fees for each subscr pace L (page 7) | iber group | as shown in the boxes ab | oove. | \$ | | |

| | P | BER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | | COMPUTATION OF SUBSCRIBER GROU | | |
|----------------|------|---------------------------|-----------|-----------------------|------|--------------------------------|----------|-------------------------|
| 9 | 0 | | LIGITIT | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| Computa of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate | | | | | | | | |
| and | | | | | | | | |
| Syndica | | | | | | | | |
| Exclusiv | | | | | | - | | |
| Surchar | | | | | | | | |
| for Partial | | | - | | | | | |
| Distar | | | | | | | | |
| Station | | | - | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 0.00 | | | Tatal BOEs | 0.00 | | <u> </u> | . I. J. DOE. |
| | 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 | EIGHTIETH | I | IP | SUBSCRIBER GROL | Y-NINTH | SEVENT |
| | 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 |
| | | | | | | | | |
| | | | | | | | | |

| 7407 Name | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | | |
|-----------------------|------------------------------------------------------------------|------------------------|--------------------------------------------------------------------|-------------|-----------------------|---------------------------------------------------------|---------------------------------------------------------|--|--|
| | | | | | | | | | |
| <u> </u> | SUBSCRIBER GROUP | Y-SECOND | | | SUBSCRIBER GROU | TY-FIRST | | | |
| Computati | | | COMMUNITY/ AREA | 0 | | | OMMUNITY/ AREA | | |
| DSE of | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | | |
| Base Rate | | | | | | | | | |
| and | | | | | | | | | |
| Syndicate | | | | | | | | | |
| Exclusivi Surcharg | | | | | | | | | |
| for | | | | | | - | | | |
| Partially | | | | | | | | | |
| Distant | | | | | | | | | |
| Stations | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 0.00 | | | Total DSEs | 0.00 | | | otal DSEs | | |
| | | | | | | | | | |
| 0.00 | \$ | d Group | Gross Receipts Secor | 0.00 | \$ | First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 | | | |
| 0.00 | \$ | d Group | Gross Receipts Secor | 0.00 | \$ | oup | ross Receipts First Gr | | |
| 0.00 | \$ \$ | · | Gross Receipts Secor Base Rate Fee Secor | | \$ \$ | · | ross Receipts First Gr ase Rate Fee First Gr | | |
| | | d Group | Base Rate Fee Secon | 0.00 | \$ \$ SUBSCRIBER GROU | oup | ase Rate Fee First Gr | | |
| | \$ | d Group | Base Rate Fee Secon | 0.00 | | oup | ase Rate Fee First Gr | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| 0.00 | \$ | d Group | Base Rate Fee Secor | 0.00 | | oup | ase Rate Fee First Gr EIGH | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| 0.00 | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGH OMMUNITY/ AREA | | |
| D.OO | \$ SUBSCRIBER GROUP | d Group Y-FOURTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA CALL SIGN | 0.00 | SUBSCRIBER GROU | TY-THIRD | ase Rate Fee First Gr EIGHT OMMUNITY/ AREA CALL SIGN | | |
| 0.00 DSE | \$ CALL SIGN | d Group Y-FOURTH DSE | Base Rate Fee Secon EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs | 0.00 | CALL SIGN | DSE | EIGHTOMMUNITY/ AREA CALL SIGN CALL SIGN otal DSEs | | |
| D.OO | \$ SUBSCRIBER GROUP | d Group Y-FOURTH DSE | Base Rate Fee Secon EIGHT COMMUNITY/ AREA CALL SIGN | 0.00 | SUBSCRIBER GROU | DSE | ase Rate Fee First Gr EIGHT OMMUNITY/ AREA CALL SIGN | | |
| 0.00 DSE | \$ CALL SIGN | d Group Y-FOURTH DSE | Base Rate Fee Secon EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs | 0.00 | CALL SIGN | DSE | EIGHTOMMUNITY/ AREA CALL SIGN CALL SIGN otal DSEs | | |

| | | BER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | | | | | | |
|----------------|------|------------------------------|----------|-----------------------|------|-----------------|-------------|-------------------------|--|--|
| 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 | 562 | 07.EE 01011 | 562 | 67.EE 61611 | 562 | 0,122 0,011 | | |
| and | | | | | | | | | | |
| Syndica | | | | | | | | | | |
| Exclusiv | | | | | | | | | | |
| Surchar for | | | | | | | | | | |
| Partial | | | | | | | | | | |
| Distan | | | | | | - | | | | |
| Station | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 0.00 | | | Total DSEs | 0.00 | | | otal DSEs | | |
| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | | | | | |
| | | | | | | | | | | |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | oup | ase Rate Fee First Gro | | |
| | IP | SUBSCRIBER GROU | Y-EIGHTH | EIGH ⁻ | IP | SUBSCRIBER GROU | EVENTH | EIGHTY-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 | | |
| | | ¢ | Group | Gross Receipts Fourth | 0.00 | \$ | oup | Gross Receipts Third Gr | | |
| | 0.00 | \$ | Огоир | | | | | | | |

| 007407 Name | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | |
|---------------------|------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------|-----------------------------|--------------------|------------|---------------------------------------------------|--|
| | IBER GROUP | SUBSCRIE | TE FEES FOR EACH | BASE RA | COMPUTATION OF | LOCK A: (| В | |
| | SUBSCRIBER GROUP | NINTIETH | | | SUBSCRIBER GROU | TY-NINTH | | |
| O Computat | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
| DSE of | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | |
| Base Rate | | | | | | | | |
| and | | - | | | | | | |
| Syndicat | | - | | | | | | |
| Exclusiv Surchar | | | | | | | | |
| for | | | | | | | | |
| Partiall | | | | | | | | |
| Distan | - | | | | | | | |
| Station | . – | - | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 0.00 | | | Total DSEs | 0.00 | | | otal DSEs | |
| | \$ | d Group | Gross Receipts Secon | 0.00 | | | | |
| 0.00 | s First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 | | ross recoupts i list of | | | | | |
| 0.00 | | a | Stood Noodiple Cooking | 0.00 | | Сар | orodo redelpto i not el | |
| 0.00 | \$ | · | Base Rate Fee Secon | | \$ | · | · | |
| 0.00 | | d Group | Base Rate Fee Secon | 0.00 | \$ SUBSCRIBER GROU | oup | Base Rate Fee First Gr | |
| 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | | oup | Base Rate Fee First Gr | |
| 0.00 DUP | \$ | d Group | Base Rate Fee Secon | 0.00 | | oup | Base Rate Fee First Gr NINE | |
| 0.00 DUP | \$ | d Group | Base Rate Fee Secon | 0.00 | | oup | Base Rate Fee First Gr NINE | |
| 0.00 DUP 0 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-FIRST | Base Rate Fee First Gr NINE COMMUNITY/ AREA | |
| 0.00 DUP 0 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-FIRST | Base Rate Fee First Gr NINE | |
| 0.00 DUP 0 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-FIRST | Base Rate Fee First Gr NINE COMMUNITY/ AREA | |
| 0.00 DUP 0 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-FIRST | Base Rate Fee First Gr NINE COMMUNITY/ AREA | |
| 0.00 DUP 0 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-FIRST | Base Rate Fee First Gr NINE COMMUNITY/ AREA | |
| 0.00 DUP 0 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-FIRST | Base Rate Fee First Gr NINE COMMUNITY/ AREA | |
| 0.00 DUP 0 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-FIRST | Base Rate Fee First Gr NINE COMMUNITY/ AREA | |
| 0.00 DUP 0 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-FIRST | Base Rate Fee First Gr NINE COMMUNITY/ AREA | |
| 0.00 DUP 0 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-FIRST | Base Rate Fee First Gr NINE COMMUNITY/ AREA | |
| 0.00 DUP 0 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-FIRST | Base Rate Fee First Gr NINE COMMUNITY/ AREA | |
| 0.00 DUP 0 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-FIRST | Base Rate Fee First Gr NINE COMMUNITY/ AREA | |
| 0.00 DUP 0 | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA | 0.00 | SUBSCRIBER GROU | TY-FIRST | Base Rate Fee First Gr NINE COMMUNITY/ AREA | |
| DUP DSE | \$ SUBSCRIBER GROUP | d Group | Base Rate Fee Secon NINET COMMUNITY/ AREA CALL SIGN | DSE | SUBSCRIBER GROU | TY-FIRST | NINE COMMUNITY/ AREA CALL SIGN | |
| 0.00 DUP DSE DSE | \$ SUBSCRIBER GROUP CALL SIGN | DSE | Base Rate Fee Secon NINET COMMUNITY/ AREA CALL SIGN Total DSEs | 0.00 | CALL SIGN | DSE | NINE COMMUNITY/ AREA CALL SIGN Total DSEs | |
| DUP DSE | \$ SUBSCRIBER GROUP | DSE | Base Rate Fee Secon NINET COMMUNITY/ AREA CALL SIGN | DSE | SUBSCRIBER GROU | DSE | NINE COMMUNITY/ AREA CALL SIGN | |
| 0.00 DUP DSE DSE | \$ SUBSCRIBER GROUP CALL SIGN | d Group OSE OSE Group | Base Rate Fee Secon NINET COMMUNITY/ AREA CALL SIGN Total DSEs | 0.00 DSE 0.00 0.00 0.00 | CALL SIGN | DSE Stroup | NINE COMMUNITY/ AREA CALL SIGN Total DSEs | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. | | | | | | S` | 98TEM ID# 007407 | Name |
|-------------------------------------------------------|-------------------|-------------------------------|-------------|-------------------------|-----------|-----------------|---------------------|----------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | ATE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| NINE | TY-THIRD | SUBSCRIBER GROU | JP | NINET | Y-FOURTH | SUBSCRIBER GROU | Р | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially Distant |
| | | | | | | | | Stations |
| | ··· | — | | | | | | 0.00.00 |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | roup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | · | SUBSCRIBER GROU | | | | SUBSCRIBER GROU | | |
| COMMUNITY/ AREA | . 1 1 1 - 1 1 1 1 | 30B3CKIBEK GKOC | 0 | COMMUNITY/ AREA | ETT-SIXTH | SOBSCRIBER GROO | 0 | |
| COMMONTT / AREA | | | | COMMONT 17 AREA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u></u> | | | | | |
| | | | <u> </u> | | | | | |
| | | | <u> </u> | | | | | |
| | | | | | | <u> </u> | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | Group | <u> </u> | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| | - ~ F | | | | - · • • P | · | | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| | | | | Ш | | | | |
| Base Rate Fee: Add th Enter here and in block | | | riber group | as shown in the boxes a | bove. | \$ | | |
| | | , ···· - (-················· | | | | | | |

| ABLE ONE, INC. 007407 | | | | | | | Name | |
|--------------------------|----------------|------------------|---------------|-----------------------|-----------|----------------|------|------------------------|
| | | | | ATE FEES FOR EAC | | | | |
| | | I SUBSCRIBER GRO | | 1 | | SUBSCRIBER GRO | | 9 |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ ARE | Α | | 0 | Computati |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate |
| | | | | | | | | and |
| | | | | | | | | Syndicate |
| | | | | | | | | Exclusivit Surcharg |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| ross Receipts Firs | t Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | · | | | | · | | |
| ase Rate Fee Firs | t Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NI | NETY-NINTH | SUBSCRIBER GRO | DUP | ONE | HUNDREDTH | SUBSCRIBER GRO | UP | |
| 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 | |
| - | ' | Ŀ | 2 | | • | (· | 2.30 | |
| | | | | | | | | |
| | | | scriber group | as shown in the boxes | s above. | | | |
| Inter here and in bl | ock 3, line 1, | space L (page /) | | | | \$ | | |

| | ID. | | | TE FEES FOR EACH | | | | |
|---------------------|----------|-----------------|----------|-----------------------------|----------|---------------------------------------|----------|-------------------------------|
| 9 | 0 | SUBSCRIBER GROU | O SECOND | ONE HUNDREI COMMUNITY/ AREA | <u>0</u> | SUBSCRIBER GROU | ED FIRST | ONE HUNDRE COMMUNITY/ AREA |
| Computa | | | | COMMONT I/ AREA | | | | SOMMONTI I/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate | | | - | | | | | |
| and | | | - | | | - | | |
| Syndicat | | | | | | | | |
| Exclusiv Surchar | | | | | | | | |
| for | | | | | | | | |
| Partiall | | | - | | | | | |
| Distan | | | | | | | | |
| Station | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u> </u> | | | | | |
| | | | | | | | | |
| | 0.00 | | | Total DSEs | 0.00 | | | otal DSEs |
| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | oup | Gross Receipts First Gro |
| | | | · | , | | · · · · · · · · · · · · · · · · · · · | • | · |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | oup | ase Rate Fee First Gro |
| | JP | SUBSCRIBER GROU | D FOURTH | ONE HUNDRE | IP | SUBSCRIBER GROU | D THIRD | ONE HUNDRE |
| | 0 | | | COMMUNITY/ AREA | 0 | | | OMMUNITY/ AREA |
| | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 0.00 | | | Total DSEs | 0.00 | | | otal DSEs |
| | 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | oup | Gross Receipts Third Gr |
| | | | | | | | | |
| | 1 1 | | | 1.1 | | Ī | | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABL | E SYSTEM: | | | | S\ | 007407 | Name |
|------------------------------------------------|-----------------------------------------|-----------------|-------------|--------------------------|-----------|------------------|--------|--------------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | ATE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| ONE HUNDR | ED FIFTH | SUBSCRIBER GROU | IP | ONE HUNDS | RED SIXTH | SUBSCRIBER GROUP |) | ^ |
| COMMUNITY/ AREA | *************************************** | | 0 | COMMUNITY/ AREA | | | 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED S | SEVENTH | SUBSCRIBER GROU | IP | ONE HUNDRE | D EIGHTH | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSCs | | II | 0.00 | Total DCC- | | | 0.00 | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | | | | Ш | | | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes al | bove. | \$ | | |
| | . , , - | | | | | | | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABLE | E SYSTEM: | | | | SY | STEM ID# 007407 | Name |
|------------------------------------------------|------------|-----------------|------------|--------------------------|----------|------------------|--------------------|------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| ONE HUNDRE | D NINTH | SUBSCRIBER GROU | Р | ONE HUNDR | ED TENTH | SUBSCRIBER GROUP | | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| 07122 01011 | 202 | 0/122 0/0/1 | | 07.22 07011 | 562 | O/ LE GIGIT | 502 | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | _ | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED EL | EVENTH | SUBSCRIBER GROU | Р | ONE HUNDRED | TWELVTH | SUBSCRIBER GROUP | 1 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | 1 | 0.00 | |
| Gross Receipts Third G | roup | <u> </u> | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| | · - F | | | | | · | | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | iber group | as shown in the boxes ab | oove. | \$ | | |

| Name | | | | | | | | |
|-------------------|------|--------------------|----------|------------------------------------------|--------------|--------------------|---------|-------------------------------------------|
| | | | | TE FEES FOR EACH | | | | |
| 9 | P 0 | SUBSCRIBER GROU | HTEENTH | ONE HUNDRED EK |) <u>P</u> 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED SEVEI COMMUNITY/ AREA |
| Computation | DOL | II CALL CION | l por | CALLOCAL | T DOE | I CALL CICAL | I DOE I | CALLOON |
| of Base Rate I | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| and | | — | - | | | | | |
| Syndicate | | | - | | | | | |
| Exclusivit | | | - | | | | | |
| Surcharg for | | | - | | | | | |
| Partially | | | - | | | | | |
| Distant | | | | | | | | |
| Stations | | | | | | | | |
| | | | - | | | | | |
| | | | - | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 0.00 | | | Total DSEs | 0.00 | | | otal DSEs |
| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | oup | Bross Receipts First Gr |
| | | | | | | | | |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | oup | Base Rate Fee First Gr |
| | | \$ SUBSCRIBER GROU | | ONE HUNDRED T | JP | \$ SUBSCRIBER GROU | | ONE HUNDRED NII |
| | | | | | | | | ONE HUNDRED NII |
| | P | | | ONE HUNDRED T | JP | | | ONE HUNDRED NII COMMUNITY/ AREA CALL SIGN |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | P 0 | SUBSCRIBER GROU | VENTIETH | ONE HUNDRED T | JP 0 | SUBSCRIBER GROU | NTEENTH | ONE HUNDRED NII |
| | DSE | SUBSCRIBER GROU | DSE | ONE HUNDRED T COMMUNITY/ AREA CALL SIGN | DSE | SUBSCRIBER GROU | DSE | ONE HUNDRED NII |

| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Ra Base Ra Syndic Exclusion For particular and | LEGAL NAME OF OWNER OF CABLE ONE, INC. | SY | STEM ID# 007407 | Name | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|--------------------------|----------|------------------|---------|---------------|
| COMMUNITY/ AREA | BLOCK A: | COMPUTATION OF BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| CALL SIGN DSE | ONE HUNDRED TWENTY-FIRST | Γ SUBSCRIBER GROUP | ONE HUNDRED TWENT | Y-SECOND | SUBSCRIBER GROUP | | 0 |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Ri | COMMUNITY/ AREA | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| an Syndic Exclusion of the company o | CALL SIGN DSE | CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| Syndic Surch Sur | | | | | | | Base Rate Fee |
| Communitry/ Area Communitry Area Communitr | | | | | | | and |
| Surch | | | | | | | Syndicated |
| for Particular Distriction of the Community of the Commun | | | | | | | Exclusivity |
| Particular Statistics of the second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Group \$ 0.00 Gross Receipts Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Grou | | | | | | | for |
| Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati Stati S | | <mark></mark> | | | | | Partially |
| Total DSEs | | | | | | | Distant |
| Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 | | <mark></mark> | | | | | Stations |
| Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 | | | | | | | |
| Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 | | | | | | | |
| Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 | | | | | | | |
| Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 | | | | | | | |
| Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 | | | | | | | |
| Base Rate Fee First Group \$ 0.00 ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP | Total DSEs | 0.00 | Total DSEs | | | 0.00 | |
| Base Rate Fee First Group \$ 0.00 ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP | Gross Receipts First Group | \$ 0.00 | Gross Receipts Second | d Group | • | 0.00 | |
| ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O | Gross Receipts First Group | ************************************* | Cross Receipts decond | Стоир | Ψ | 0.00 | |
| COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 | Base Rate Fee First Group | \$ 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| | ONE HUNDRED TWENTY-THIRD |) SUBSCRIBER GROUP | ONE HUNDRED TWENT | Y-FOURTH | SUBSCRIBER GROUP | | |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE | COMMUNITY/ AREA | 0 | COMMUNITY/ AREA | | | | |
| Registration of the state of th | CALL SIGN DSE | CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | |
| Company of the comp | | | | | | | |
| | | | | | | <u></u> | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | ,,, | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | <mark></mark> | | | | | |
| | | | | | | | |
| Total DSEs Total DSEs | Total DSEs | Total DSEs | | | 0.00 | | |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 | Gross Receipts Third Group | Gross Receipts Fourth | Group | \$ | 0.00 | | |
| | | | | | | | |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 | Base Rate Fee Third Group | \$ 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | | - | | | | | |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$ \$ | | | as shown in the boxes ab | oove. | \$ | | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABLE | E SYSTEM: | | | | SY | STEM ID# 007407 | Name |
|------------------------------------------------|------------|------------------|------------|--------------------------|-----------|------------------|--------------------|--------------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| | NTY-FIFTH | SUBSCRIBER GROUP | | Ħ | NTY-SIXTH | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | ••••• | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | | - | | | | | | |
| Gross Receipts First Gr | 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 TWENTY | -SEVENTH | SUBSCRIBER GROUP | | ONE HUNDRED TWEN | TY-EIGHTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | iber group | as shown in the boxes at | oove. | \$ | | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | OF CABL | = SYSTEM: | | | | | O07407 | Name |
|------------------------------------------------|----------|------------------|-----------------------|--------------------------|-----------|------------------|--------|---------------------------|
| Bl | OCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| ONE HUNDRED TWEN | TY-NINTH | SUBSCRIBER GROUP | | ONE HUNDRED | THIRTIETH | SUBSCRIBER GROUP | | ^ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | | Gross Receipts Second | d Group | \$ | 0.00 | |
| <u> </u> | | | | | | | | |
| Base Rate Fee First Group \$ 0.00 | | | | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED THIR | TY-FIRST | SUBSCRIBER GROUP | | ONE HUNDRED THIRT | TY-SECOND | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | ····· | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSFs | | | 0.00 | 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 | | |
| | | | | Ш | | | | |
| Base Rate Fee: Add the Enter here and in block | | | iber group | as shown in the boxes al | bove. | \$ | | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | OF CABLE | E SYSTEM: | | | STEM ID# 007407 | Name | | |
|------------------------------------------------|----------|------------------|-----------------------|--------------------------|--------------------|------------------|------|--------------------------|
| Bl | OCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| ONE HUNDRED THIR | TY-THIRD | SUBSCRIBER GROUP | | ONE HUNDRED THIRT | ΓY-FOURTH | SUBSCRIBER GROUP | | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | - | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | 1 | | 0.00 | |
| | | | | | d Group | <u></u> | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | | Gross Receipts Second | u Group | \$ | 0.00 | |
| Base Rate Fee First Group \$ 0.00 | | | | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED THIR | TY-FIFTH | SUBSCRIBER GROUP | | ONE HUNDRED TH | IRTY-SIXTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | ••••••••••• | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | Total DSEs | | | 0.00 | | |
| | | | Gross Receipts Fourth | Group | \$ | 0.00 | | |
| | | | | | | $\neg \neg $ | | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add the Enter here and in block | | | iber group | as shown in the boxes at | oove. | \$ | | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABLE | E SYSTEM: | | | | SY | STEM ID# 007407 | Name |
|------------------------------------------------|----------------------------------|------------------|------------|--------------------------|-----------|------------------|--------------------|------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| ONE HUNDRED THIRTY- | SEVENTH | SUBSCRIBER GROUP | | ONE HUNDRED THIR | TY-EIGHTH | SUBSCRIBER GROUP | | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Base Rate Fee |
| | | | | | | — | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | |
| 51055 Receipts First Group \$ | | | | | | | | |
| Base Rate Fee First Gr | Base Rate Fee First Group \$ 0.0 | | | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED THIR | TY-NINTH | SUBSCRIBER GROUP | | ONE HUNDRED | FORTIETH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | iber group | as shown in the boxes at | oove. | \$ | | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABL | E SYSTEM: | | | 907407 007407 | Name | | |
|---------------------------------------------------|-----------|------------------|-----------------------|-------------------------|------------------|------------------|------|--------------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| ONE HUNDRED FOR | RTY-FIRST | SUBSCRIBER GROUP | | H | TY-SECOND | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| O'NEE GIGHT | 302 | 07 KEE 31314 | 302 | O/ LEE GIGIT | 302 | O' LE GIGIT | 302 | 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 Secon | d Group | \$ | 0.00 | |
| ONE HUNDRED FOR | RTY-THIRD | SUBSCRIBER GROUP | | ONE HUNDRED FOR | ΓΥ-FOURTH | SUBSCRIBER GROUP | | |
| 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 Fourth | Group | \$ | 0.00 | | |
| U.00 | | | | • | | | | |
| Base Rate Fee Third Group \$ 0.00 | | | | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes a | oove. | \$ | | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | | | | | | | 007407 | Name |
|-------------------------------------|---------------|------------------|-----------------------|-------------------------|------------|------------------|--------|---------------------|
| В | LOCK A: | COMPUTATION O | BASE RA | TE FEES FOR EACH | SUBSCR | BER GROUP | | |
| | RTY-FIFTH | SUBSCRIBER GROUP | | 11 | ORTY-SIXTH | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computa |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate |
| | | | | | | | | and |
| | | | | | | | | Syndicat |
| | | | | | | | | Exclusiv Surchar |
| | | | | | | | | for |
| | | | | | | | | Partiall |
| | | | | | | | | Distant |
| | | | | | | | | Station |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| ross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | | | | | | |
| Base Rate Fee First Group \$ 0.00 | | | | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| ONE HUNDRED FORTY | -SEVENTH | SUBSCRIBER GROUP | | ONE HUNDRED FO | RTY-EIGHTH | SUBSCRIBER GROUP | | |
| OMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | Total DSEs | | | 0.00 | | |
| Gross Receipts Third Group \$ 0.00 | | | Gross Receipts Fourth | n Group | \$ | 0.00 | | |
| <u> </u> | | | | | | | | |
| Base Rate Fee Third Group \$ 0.00 | | | Base Rate Fee Fourth | n Group | \$ | 0.00 | | |
| | | | | II | | | | |
| | | | riber group | as shown in the boxes a | above. | ¢ | | |
| nter here and in block | S, III e I, S | phace r (hage 1) | | | | Ψ | | |

| Exclusivit Surcharg for Partially Distant | | | | BI ONE HUNDRED FORT COMMUNITY/ AREA |
|--------------------------------------------------------------------------------------------------------|------|-----------------|------------------------------------------|-------------------------------------------|
| Computation N DSE CALL SIGN DSE of Base Rate and Syndicate Exclusivity Surcharge for Partially Distant | 0 | | | |
| Computation N DSE CALL SIGN DSE of Base Rate and Syndicate Exclusivi Surcharge for Partially Distant | | CALL SIGN | DSE | COMMUNITY/ AREA |
| N DSE CALL SIGN DSE of Base Rate and Syndicate Exclusivi Surcharg for Partially Distant | DSE | CALL SIGN | DSE | |
| and Syndicate Exclusivi Surcharg for Partially Distant | | | | CALL SIGN |
| Syndicate Exclusivit Surcharg for Partially Distant | | | · • · · · · · · · · · · · · · · · · · · | |
| Syndicate Exclusivit Surcharg for Partially Distant Stations | | | | |
| Surcharg for Partially Distant | | | | |
| for Partially Distant | | | - | |
| Partially Distant | | | | |
| ······································ | | | - | |
| Stations | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 0.00 | 0.00 | | | otal DSEs |
| eipts Second Group \$ 0.00 | 0.00 | \$ | oup | Bross Receipts First Gro |
| Fee Second Group \$ 0.00 | 0.00 | \$ | oup | ase Rate Fee First Gro |
| | | | - | |
| RED FIFTY-SECOND SUBSCRIBER GROUP | | SUBSCRIBER GROU | TY-FIRST | |
| ΓΥ/ AREA | 0 | | | OMMUNITY/ AREA |
| N DSE CALL SIGN DSE | DSE | CALL SIGN | DSE | CALL SIGN |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | - | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 0.00 | 0.00 | | | otal DSEs |
| eipts Fourth Group \$ 0.00 | 0.00 | \$ | roup | ross Receipts Third G |
| | | | | |
| Fee Fourth Group \$ 0.00 | 0.00 | \$ | roup | Base Rate Fee Third Gr |

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABLE | E SYSTEM: | | | | SY | STEM ID# 007407 | Name |
|------------------------------------------------|------------|-----------------|------------|--------------------------|----------|------------------|--------------------|----------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| ONE HUNDRED FIFT | ΓY-THIRD | SUBSCRIBER GROU | Р | ONE HUNDRED FIFT | /-FOURTH | SUBSCRIBER GROUP | | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | - | | | | | | Surcharge |
| | | | | | | | | for |
| | | - | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | 0 | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | |
| y violatinat Group | | | | | | | | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED FIF | TY-FIFTH | SUBSCRIBER GROU | Р | ONE HUNDRED FI | TY-SIXTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | iber group | as shown in the boxes at | oove. | \$ | | |

| LEGAL NAME OF OWNER CABLE ONE, INC. | R OF CABLE | E SYSTEM: | | | | SY | STEM ID# 007407 | Name |
|------------------------------------------------|------------|------------------|------------|--------------------------|------------|------------------|--------------------|------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| ONE HUNDRED FIFTY- | SEVENTH | SUBSCRIBER GROUP | | ONE HUNDRED FIF | TY-EIGHTH | SUBSCRIBER GROUP | | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| CALL SIGIN | DOL | OALL SIGN | DOL | OALL SIGN | DOL | CALL SIGIV | DOL | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | · | Surcharge for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| ONE HUNDRED FIF | TY-NINTH | SUBSCRIBER GROUP | | ONE HUNDRE | D SIXTIETH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roun | • | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Cross Necelpla Hilla G | ТОЦР | | <u> </u> | 10000 NGOGIPIO FOUILII | Oroup | * | <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 | | | iber group | as shown in the boxes ab | oove. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007407 | | | | | | | | Name |
|---------------------------------------------------------------------------|----------|----------------|---------------|-----------------------|-----------|-------------------|------|------------------|
| | BLOCK A: | COMPUTATION (| OF BASE RA | TE 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 | |
| | THIRD | SUBSCRIBER GRO | DUP | | FOURTH | I SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts 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. | \$ | 0.00 | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | 007407 | Name |
|---------------------------------------------|-----------------|----------------|---------------------|------------------------|-----------|-----------------|--------|--------------------------|
| | | | | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| | | SUBSCRIBER GRO | | SIXTH SUBSCRIBER GROUP | | | | 9 |
| COMMUNITY/ AREA 0 | | | 0 | COMMUNITY/ AREA | | | | 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 Seco | ond Group | \$ | 0.00 | |
| | SEVENTH | SUBSCRIBER GRO | DUP | | EIGHTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | COMMUNITY/ AREA | | | 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 | | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | | |
| Base Rate Fee Third | Group | ¢ | 0.00 | Base Rate Fee Four | rth Group | ¢ | 0.00 | |
| Dase Rate Fee Third | Group | \$ | 0.00 | Dase Rate Fee FOUI | iui Gioup | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWI | | E SYSTEM: | | | | 5 | 007407 | Name |
|------------------------------------|----------|----------------|--------------------|-----------------------|-----------|------------------|----------------------|---------------------------|
| | | | | ATE FEES FOR EAC | | | | |
| | | SUBSCRIBER GRO | | <u> </u> | | SUBSCRIBER GROU | | ٥ |
| COMMUNITY/ AREA 0 | | | COMMUNITY/ AREA 0 | | | | 9 Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | ELEVENTH | SUBSCRIBER GRO | OUP | | TWELVTH | I SUBSCRIBER GRO | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| 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 | | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee Third Group \$ | | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee: Add | | | scriber group | as shown in the boxes | s above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | 007407 | Name |
|---------------------------------------------|-------|----------------|---------------------|-----------------------|--------|----------------------|--------|---------------------------|
| | | | | TE FEES FOR EAC | | | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA 0 | | | 0 | COMMUNITY/ AREA 0 | | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and Symplicated |
| | | | | | | | | Syndicated Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | . | | | | | | Distant Stations |
| | | | | | | | | Otations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | | | | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First | • | \$ | 0.00 | Base Rate Fee Seco | · | \$ I SUBSCRIBER GROU | 0.00 | |
| | | SUBSCRIBER GRO | | 1 | | | | |
| 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 | | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | | |
| | | | | | | | | |
| Base Rate Fee Third Group \$ 0.0 | | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: | | | | S | 007407 | Name |
|---------------------------------------------|-----------------------------------|----------------|----------------------------|-------------------------------------|-----------------|----------------------|--------|---------------------------|
| | | | | TE FEES FOR EAC | | | | |
| | | SUBSCRIBER GRO | | EIGHTEENTH SUBSCRIBER GROUP | | | | 9 |
| COMMUNITY/ AREA 0 | | | 0 | COMMUNITY/ AREA 0 | | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | . | | Syndicated Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | | | | | | | | Partially |
| | | | | | | | | Distant Stations |
| | | | | | | | | Stations |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Second Group \$ 0.00 | | | _ | |
| | | | | | | | | |
| | Base Rate Fee First Group \$ 0.00 | | | | ond Group | \$ I SUBSCRIBER GROU | 0.00 | |
| | | SUBSCRIBER GRO | | | | | | |
| COMMUNITY/ AREA | COMMUNITY/ AREA | | | | 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 | | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | | |
| | | | | | | | | |
| Base Rate Fee Third Group \$ 0.0 | | 0.00 | Base Rate Fee Fourth Group | | \$ 0.00 | | | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |