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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2019/2										
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines of the were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account of the covering the system's ID.	ss of the cable syster on the last day of to	em. he accounting period should so								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
	CABLE ONE, INC.										
				00741220192							
				007412 2019/2							
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626										
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•									
	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	of the system, if di	fferent from the address gi	ven in space B.							
System	SPARKLIGHT										
	MAILING ADDRESS OF CABLE SYSTEM: 2624 CROSSROADS DR. (Number, street, rural route, apartment, or suite number) ARDMORE, OK 73401 (City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and i	elist on page 1b							
Area	with all communities.										
Served	CITY OR TOWN	STATE									
First	ARDMORE	ок									
Community	Below is a sample for reporting communities if you report multiple ch		·								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#							
Sample	Alliana	MD	A	1							
	Alliance Gering	MD MD	В	3							
	Coming	IVID	Ь	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)

FORM SA3E. PAGE 1b. **SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: 007412 CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. STATE CITY OR TOWN CH LINE UP SUB GRP# **ARDMORE** OK AA **First CARTER COUNTY** 1 OK **AA** Community **DICKSON** OK **AA** 1 **LONG GROVE OK** 1 AA **MADILL OK** AA 3 **MANNSVILLE** 3 OK AA See instructions for **MARIETTA OK** 2 AA additional information on alphabetization. MARSHALL COUNTY OK AA 3 3 **OAKLAND** OK AA Add rows as necessary.

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007412

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.

OCK 1			BLOCK 2			
NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
3,074	\$	40.00	COMMERCIAL	308	\$	40.00
	NO. OF SUBSCRIBERS	NO. OF SUBSCRIBERS	NO. OF SUBSCRIBERS RATE	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2							
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE		CATEGORY OF SERVICE	F	RATE		
Continuing Services:			Installation: Non-residential						
• Pay cable	\$	17.00	Motel, hotel				EXPANDED	\$	40.00
 Pay cable—add'l channel 			Commercial			Ī			
Fire protection			• Pay cable			Ī			
Burglar protection			 Pay cable-add'l channel 	• Pay cable-add'l channel		ľ			
Installation: Residential			Fire protection			Ī			
• First set	\$	90.00	Burglar protection			Ī			
 Additional set(s) 	\$	60.00	Other services:			Ī			
• FM radio (if separate rate)			Reconnect	\$	60.00	Ī			
Converter			Disconnect			ľ			
			Outlet relocation	\$	60.00	ľ			
			 Move to new address 	\$	30.00	ľ			
						ľ			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007412 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 1. CALL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL CARRIAGE** OF (Yes or No) **NUMBER STATION** (If Distant) K28AC Ε ARDMORE, OK 28 No KCYH-LD 41 ı No ARDMORE, OK See instructions for additional information 26 N-M No KTEN-DT1 ADA, OK on alphabetization. KTEN-DT2 Ν ADA, OK 26 No KTEN-DT3 26 N-M No ADA, OK N **KWTV** 39 Yes 0 OKLAHOMA CITY, OK KXII-DT1 12 Ν No SHERMAN, TX KXII-DT2 12 I-M No SHERMAN, TX KXII-DT3 12 I-M No SHERMAN, TX

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				007412	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba Substitute Basis \$	sis, as explaine Stations: With	ed in the next respect to an	paragraph. y distant station		and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0Do not list the station station was carried	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
			-		tion for broadcasting over-the-air in 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 r ese terms, see	noncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
-	ave entered "Y	es" in column	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
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 hand hand hand hand hand hand hand hand	
		CHANN	EL LINE-UP	AB		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION]
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007412	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	
_	6.61(e)(2) and ((4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:	
	•			s carried by your	cable system on a substitute program	Television	
basis under specifc FC				0	and and Brown of Law York		
			st it in space I (th	ne Special Statem	ent and Program Log)—if the		
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		•			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		
educational station, by	entering the le	etter "N" (for n	etwork), "N-M"	(for network multi	cast), "I" (for independent), "I-M"		
` '	, .		, .	,	commercial educational multicast).		
For the meaning of the Column 4: If the st					es". If not, enter "No". For an ex-		
planation of local servi	ice area, see p	age (v) of the	general instruc	tions located in th	e paper SA3 form.		
-			•	•	stating the basis on which your tering "LAC" if your cable system		
carried the distant stat							
					y payment because it is the subject		
_					stem or an association representing ary transmitter, enter the designa-		
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any c	other 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	AC			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
				•		1	
						1	
						•	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007412	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 bas Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F(• Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
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		CHANN	EL LINE-UP	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

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LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007412	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during to ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television
basis under specifc FCDo not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
 List the station here, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	ver-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
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		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	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				007412	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program ba Substitute Basis \$	6.61(e)(2) and e sis, as explaine Stations: With	(4), or 76.63 (ed in the next respect to an	referring to 76.6 paragraph. y distant station	31(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0Do not list the station station was carried	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
			-		tion for broadcasting over-the-air in a may be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for r ese terms, see	noncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	ommercial educational multicast).	
-	ave entered "Y	es" in column	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give th	e location of ea Canadian statio	ach station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communit he community with	y to which the station is licensed by the handle had been station is identifed.	
		CHANN	EL LINE-UP	AG		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)		

						1

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007412	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during to ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program bas Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F0Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
 List the station here, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v)	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
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						
Column 6: Give th	e location of ea Canadian statio	nch station. Fo	or U.S. stations, re the name of t	list the communit he community with	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. h channel line-up.	
		CHANN	EL LINE-UP	AH		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007412	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 bas Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F(• Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
	nformation cond				tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	ver-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	annel 4 in Was	hington, D.C. This	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). 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 007412 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 AJ 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.				007412	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 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 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	AK			
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#	Name	
CABLE ONE, II	NC.				007412	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G	
•				•	tain network programs [sections and (2) certain stations carried on a	Primary	
substitute program bas				s carried by your	cable system on a substitute program	Transmitters: Television	
basis under specifc FCC rules, regulations, or authorizations:							
	 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 						
• List the station here,	and also in spanformation con	ace I, if the st			itute basis and also on some other of the general instructions located		
Column 1: List eac	ch station's call	•			es such as HBO, ESPN, etc. Identify		
			•	•	ation. For example, report multi- ch stream separately; for example		
WETA-simulcast).	e channel num	her 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			station is a netwo	ork station, an ind	ependent station, or a noncommercial		
educational station, by	entering the le	etter "N" (for n	network), "N-M"	(for network multi	cast), "I" (for independent), "I-M"		
For the meaning of the	, .		, .	,	commercial educational multicast). The paper SA3 form.		
Column 4: If the st	ation is outside	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		
cable system carried t carried the distant stat		-		•	stering "LAC" if your cable system		
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-		
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any c	ther basis, enter "O." For a further		
					ed in the paper SA3 form. by to which the station is licensed by the		
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	ve the name of t	he community wit	h which the station is identifed.		
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AL			
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)			
	NOWBER	STATION		(II Distant)			
		Ī				Ī	

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, I	NC.				007412	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 70 substitute program ba	6.61(e)(2) and easies, as explaine	(4), or 76.63 (ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F	CC rules, regul n here in space	ations, or auth G—but do lis	norizations:		ent and Program Log)—if the	
• List the station here,	and also in spa nformation con	ace I, if the sta			itute basis and also on some other of the general instructions located	
Column 1: List each multicast stream	ch station's call associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
	se. For exampl	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 splanation of local serve Column 5: If you he cable system carried the distant state For the retransmission of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	e in each case y entering the let icast), "E" (for rese terms, see tation is outside rice area, see phave entered "Y the distant statition on a part-tission of a distant tentered into o a primary transsimulcasts, also the categories are location of each canadian static	whether the setter "N" (for noncommercial page (v) of the ethe local servage (v) of the ethe basis becat multicast structure or an action of the ethe ethe ethe ethe ethe ethe ethe	etwork), "N-M" (all educational), or general instruction 4, you must contact accounting perioduse of lack of a geam that is not succeed and the succeed accounting perioduse of lack of a geam that is not succeed accounting perioduse of lack of a geam that is not succeed accounting perioduse of lack of a geam that is not succeed accounting perioduse of lack of accounting perioduse of lack of accounting perioduse accounting peri	(for network multion (for network multion) (for none ctions located in the distant"), enter "Y tions located in the mplete column 5, and. Indicate by enactivated channel subject to a royalt etween a cable system of the primary channel on any of instructions located list the community with space G for each	es". If not, enter "No". For an exee paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designation the paper SA3 form. Sy to which the station is licensed by the h which the station is identifed.	
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)		

LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				007412	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G	
•				•	tain network programs [sections and (2) certain stations carried on a	Primary	
substitute program ba	sis, as explaine	ed in the next	paragraph.		• •	Transmitters: Television	
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	•		-4'	المحالية عالم عالم	ituta basis and also an associate a		
-	nformation con				itute basis and also on some other of the general instructions located		
		•			es such as HBO, ESPN, etc. Identify		
			•	•	ation. For example, report multi- ch stream separately; for example		
WETA-simulcast).			·	,			
			-		tion for broadcasting over-the-air in		
on which your cable sy			nannei 4 in vvas	nington, D.C. This	s may be different from the channel		
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial		
-	-	•	,	•	cast), "I" (for independent), "I-M"		
For the meaning of the	, .		, .	,	commercial educational multicast). the paper SA3 form.		
Column 4: If the st	ation is outside	e the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-		
planation of local serv					e paper SA3 form. stating the basis on which your		
· ·			•	•	tering "LAC" if your cable system		
carried the distant stat	tion on a part-ti	me basis bec	ause of lack of	activated channel	capacity.		
					y payment because it is the subject stem or an association representing		
_				•	ary transmitter, enter the designa-		
					other basis, enter "O." For a further		
					ed in the paper SA3 form. by to which the station is licensed by the		
					h which the station is identifed.		
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AN]	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION]	
SIGN	CHANNEL		(Yes or No)	CARRIAGE			
	NUMBER	STATION	, ,	(If Distant)			
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LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007412	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience carriage of cert	s and low power television stations) ed only on a part-time basis under eain network programs [sections	G	
substitute program basis \$	sis, as explaine Stations: With	d 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. 							
basis. For further in the paper SA3 fo	nformation cond orm.	cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify		
each multicast stream cast stream as "WETA-WETA-simulcast).	associated wit A-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	ation. For example, report multi- ch stream separately; for example		
its community of licens on which your cable sy	se. For example stem carried the	e, WRC is Ch ne station.	annel 4 in Wasl	hington, D.C. This	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial		
educational station, by (for independent multi- For the meaning of the	entering the lecast), "E" (for nese terms, see ation is outside	etter "N" (for noncommercial page (v) of the the local ser	etwork), "N-M" (al educational), o e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonc ctions located in t distant"), enter "Yo	cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-		
Column 5: If you h cable system carried t carried the distant state	ave entered "Y he distant station ion on a part-ti	es" in column on during the me basis bec	accounting peri- ause of lack of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system		
of a written agreement the cable system and tion "E" (exempt). For	t entered into o a primary trans simulcasts, als	n or before Ju mitter or an a o enter "E". If	une 30, 2009, be ssociation repre you carried the	etween a cable system esenting the primation channel on any o	stem or an association representing transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.		
Column 6: Give th	e location of ea Canadian statio	ich station. Fo	or U.S. stations, re the name of the	list the communit he community with	y to which the station is licensed by the n which the station is identifed.		
		CHANN	EL LINE-UP	AO			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
			•				

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#		
CABLE ONE, II	NC.				007412	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76 substitute program ba Substitute Basis \$	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
 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 spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located		
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example		
			-		tion for broadcasting over-the-air in 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 hand hand hand hand hand hand hand hand		
		CHANN	EL LINE-UP	AP		1	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1	
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.				007412	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	
_	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:	
	•			s carried by your	cable system on a substitute program	Television	
basis under 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		
			-		s may be different from the channel		
on which your cable sy			tation is a natur	ork station on 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					he paper SA3 form. es". If not, enter "No". For an ex-		
planation of local servi							
_			•	•	stating the basis on which your		
cable system carried to					tering "LAC" if your cable system capacity.		
For the retransmiss	sion of a distan	t multicast str	eam that is not	subject to a royalt	y payment because it is the subject		
_				-	stem or an association representing		
_			•	• .	ary transmitter, enter the designa- ther basis, enter "O." For a further		
explanation of these th	ree categories	, see page (v) of the general	instructions locate	ed in the paper SA3 form.		
					y to which the station is licensed by the		
Note: If you are utilizing				•	h which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AQ	·		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1	
SIGN	CHANNEL		(Yes or No)	CARRIAGE	lo. 2007/101/01 OT/MION		
	NUMBER	STATION	` ′	(If Distant)			
						"	
						"	
						"	
						"	
	I	I		1			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007412	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 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 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	AR			
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 007412 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	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007412	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 basis \$				s carried by your	cable system on a substitute program	Transmitters: Television
 basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 						
 List the station here, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						
		CHANN	EL LINE-UP	AT		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
			•			
			•			

PRIMARY TRANSMITTERS: TELEVISION In General: In spece (i.dentify every television station (including translator stations and low power television stations) and the Countries of the your cable system during the accurating period, except (1) stations carried only on a port-time basis under PCC rules and registations in effect on June 24, 1981, permitting the carrisge of certain rehoots programs (sections 78,59(6)2) and (4), 76.51(e)(2) and (4), or 76.55 (referring to 76.51(e)(2) and (4)); and (2) certain stations carried on a substitute basis and the nest perapsylar basis under specie. PCC rules, regulations, or authorizations: 1. List the station basis as explained as 1, the station was carried orbit 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 page 25 for further information concerning substitute basis stations, see page (v) of the general instructions located in the page 25 for further information concerning substitute basis stations, see page (v) of the general instructions located in the page 25 for further information concerning substitute basis stations, see page (v) of the general instructions located in the page 25 for sample, report multi-cast stream associated with a station associated in some page 25 for example, report multi-cast stream associated with a station associated in column 1 (std each stream separately) for example WEET-A-imulicasis. Column 2, Cleve the channel number the FCC has assigned to the television station for broadcasting over-the-air in to community of license. For example, WEE 3 for multi-cast station for the page 25 for example, view of the page 25 for example, v	LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here, in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams are similar to a state of the station. Column 5: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5; stating the basis on which your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distan	CABLE ONE, II	NC.				007412	Name	
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute basis, and (2) certain stations carried on a substitute program separately and (2) certain stations are substitute program separately and (2) certain stations are substitute program separately and (2) certain station and so on some other basis. For further information concerning substitute program separately (4) of the general instructions located in the paper SA3 form. Column 5: List each station of substitute basis station as sepage (4) of the general instructions located in the paper SA3 form. Column 5: If you have entered "ves" in column for your substitute basis and also on some other basis on which your cable system carried the distant station during period. Indicate by entering "LAC" if your cable system carried the distant station of under separately (2) of the general instructions located in the paper SA3 form. Column 5: If you have entered "ves" in column favor and a partimal period. Indicate by entering "LAC" if your cable syste	PRIMARY TRANSMITT	ERS: TELEVISI	ON					
Primary Substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute program basis sations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "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 (y) of the general instructions located in the paper SA3 form. Column 4: If the 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 cap	carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	ed only on a part-time basis under	G	
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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). *Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. *Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational 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 beca	substitute program ba Substitute Basis \$	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
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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 c	basis. For further in	nformation cond						
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	each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	ation. For example, report multi-		
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), in the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CA	Column 2: Give th			-		_		
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CARRIAGE	Column 3: Indicate	e in each case	whether the s			•		
Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST CHANNEL 3. TYPE A. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE	(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	ommercial educational multicast). he paper SA3 form.		
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE	Column 5: If you h	ave entered "Y	es" in column	n 4, you must co	mplete column 5,	stating the basis on which your		
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CHANNEL OF CARRIAGE	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		
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE	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	ther basis, enter "O." For a further ed in the paper SA3 form.		
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE	FCC. For Mexican or	Canadian statio	ons, if any, giv	e the name of t	he community wit	h which the station is identifed.		
SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AU		1	
	1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION]	
		CHANNEL	OF	(Yes or No)	CARRIAGE			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007412 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)

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	
CABLE ONE, INC. 007412	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	Primary Transmitters: Television
 basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 	
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.	
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.	
	1
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant)	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007412 CABLE ONE, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

LEGAL NAME OF OWNER OF CABLE ONE, INC.	CABLE SYST	ГЕМ:				SYSTEM ID# 007412	Name
SUBSTITUTE CARRIAGI	E. CDECIA	AL STATEME	NT AND DROCDAM LO	2			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ify every no	nnetwork telev eriod, under sp	ision program broadcast by ecific present and former Fo	a distant stati CC rules, regu	ulations, or authorizatio	ns. For a further	Substitute
1. SPECIAL STATEMEN	Γ CONCER	NING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting per	-	ır cable systen	n carry, on a substitute bas	sis, any nonn	· ~		Special Statement and
broadcast by a distant state Note: If your answer is "No		rest of this na	ge blank. If your answer is	"Ves" vou m	Yes		Program Log
log in block 2.	, leave trie	rest or this pa	ge blatik. II your allswer is	res, you in	iusi complete the prog	yraini	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ice, please of every no distant state gulations, of the state adcast state addian state at the and day we "5/7." es when the Example: a er "R" if the and regulation of the and	attach addition nnetwork televion and that your or authorization of use general BA Basketball: deast live, enter station broade on's location (tons, if any, the when your system a program carrollisted program ons in effect de	nal pages. vision program (substitute pour cable system substitute as. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "lasting the substitute programe to community to which the community with which the stem carried the substitute or carried by your ried by a system from 6:01 as was substituted for programing the accounting perior	program) that ed for the pro- neral instruct or "basketball No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le	t, during the accountir gramming of another ions located in the pa ". List specific progra ensed by the FCC or, entified). e numerals, with the rank List the times accurates:30 p.m. should be your system was requetter "P" if the listed programments accounts to the system was requetter "P" if the listed programments accounts to the system was requested.	ng station per m in nonth ately	
	LIDOTITLIT		A		EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
1. THE OF TROOKAW	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO)	
			-				
					_		
					_		
					_		
					_		
					_		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 007412 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

	IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name				
CA	BLE ONE, INC.		007412					
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmi	ssion service	K Gross Receipts				
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$	877,776.73					
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount	of gross receipts)					
InstruConConIf yo fee tIf yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. aplete block 2, showing whether your system carried any distant television stations. For block 3 blank. Enter the analysis on block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee				
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $k = 3$ below.	e entered on li	ne 1 of					
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered on line	2 in block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered	on line					
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at							
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.							
	This is your minimum fee.	\$	9,339.54					
Block 2	, s							
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	_\$	209.78					
	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	\$	209.78					
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	_\$	9,339.54	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under				
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact				
	Line 4. FILING FEE	<u>\$</u>	725.00	the Licensing additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here							
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of	the	additional fees.				

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 007412					
		001412					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tations					
Cnanneis	Enter the total number of channels on which the cable system carried television broadcast stations	9					
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	256					
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 6	02-364-6195					
	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) 602-364-60	013					
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regula	ations.)					
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 identified in line 1 of space B;	or					
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.						
	• 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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatible.						
	Typed or printed name: RAYMOND STORCK						
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)						
	Date: February 28, 2020						

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID	Namo
CABLE ONE, INC. 00741	2
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interest charge)	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period	
ID number	

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE, PAGE 11. (CONTINUED)

	OVOTEN ID "								
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 0074								
•	CABLE ONE, INC.								
	SUM OF DSEs OF CATEGORY "O" STATIONS:								
	• Add the DSEs of each station.								
	Enter the sum here and in line		0.25						
			1						
2	Instructions: In the column headed "Call S	Sian": list the ca	Il signs of all distant stations	identified by t	ne letter "O" in column 5				
_	of space G (page 3).	ngii . list tile ca	il signs of all distant stations	s identified by the	ie ietter O iii columii 3				
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSE	as "1.0"; for e	each network or noncom-				
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."								
Category "O"			CATEGORY "O" STATION	NS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	KWTV	0.250							
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									
101131									

			=
	I		

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

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:					5	SYSTEM ID#
Name	CABLE ONE, INC.							007412
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	st the call sign of all dista : For each station, give the correspond with the inform of the correspond with the inform of the correspond with the inform of the corresponding to the figure in column of the corresponding to the corresponding of the corresponding to the corresponding of the corresponding	he number of mation given in the total number important 2 by the final point. This station, give the lumn 4 by the	hours your cable system in space J. Calculate of er of hours that the standard in column 3, and it is the "basis of carriage" in the "type-value" as "1.0. figure in column 5, and	m carried the stationly one DSE for extion broadcast over give the result in complete value? for the state of	ion during the accountach station. In the air during the accept	ccounting period. This figure must ducational station, no less than the	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGI VALUE	5. TYP VAL		SE
			÷ -		=	x x	<u> </u>	
			÷ ÷		=	×	<u>=</u>	
			÷		=	x	=	
			÷		=	x	=	
			÷ ÷		= =	x		
			÷		=	x	=	
	Add the DSEs	of CATEGORY LAC Soft each station. m here and in line 2 of page		hedule,		0.0	00	
 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that Was carried by your system in substitution for a program that your system was permitted to delete under It tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for program station. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instream. 						delete under FCC ruther word "Yes" in columitation for programs the lumn 4. Round to no l	les and regular- in 2 of nat were deleted ess than the third	rm).
		SU	BSTITUTE	-BASIS STATION	IS: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DAY IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		=			÷	=
		÷ ÷		=		÷ ÷		=
		÷		=		÷		=
		<u>-</u>		=		÷		=
	Add the DSEs	÷ OF SUBSTITUTE-BASI of each station. m here and in line 3 of pa	S STATIONS:		▶	0.0	00	=
5		R OF DSEs: Give the am applicable to your system		boxes in parts 2, 3, and	d 4 of this schedule	and add them to provi	de the total	
Total Number		f DSEs from part 2 ●			>	•	0.25	
of DSEs		2. Number of DSEs from part 3 ● ▶						
	3. Number of	f DSEs from part 4 ●			>		0.00	
	TOTAL NUMBE	R OF DSEs					<u> </u>	0.25

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

LEGAL NAME OF C	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 007412	Name
In block A: If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of pa	below.	7 of the DSE sched		complete part	8, (page 16) of th	е	6
	- lo coto d wholly o			TELEVISION MA		-tion 70 F of F0	20 miles and remil	lations in	Computation of 3.75 Fee
effect on June 24, Yes—Com	List the call signs under FCC rules instructions for th Satellite Television Enter the approprior (Note the FCC rules and the FCC rules instructions carried 76.61(b)(c)] B Specialty station C Noncommerical D Grandfathered instructions for E Carried pursual *F A station prediction of the FCC rules instruction of the Carried pursual *F A station prediction of the FCC rules instruction of the	schedule—December of distant state and regulation of Extension and regulation and regulation as defined all educational station (76.6 or DSE schedulations) carried to individuationally carried to individuationally carried to individuation of a distant seach distant se	O NOT COMP OK B: CARR Itions listed in Ins prior to Jundule. (Note: The and Localism A licating the base ations cited be to the FCC mar in 76.5(kk) (70 I station [76.58 5) (see paragule). al waiver of Fod on a part-time thin grade-B of multicast streen tation listed in	sis on which you callow pertain to those ket quota rules [76] 6.59(d)(1), 76.61(e) 6.59(d), 76.61(d), 76.6 raph regarding subsection of the contour, [76.59(d)(5) am.	MITTED DS this schedule at ther explanation of the schedule for the schedule at the schedule for the schedul	Es that your syste on of permitted mpt multicast station. June 24, 1981 76.61(b)(c), 70 referring to 76 to 76.61(d)] andfathered state e 25, 1981 , 76.63(a) references.	m was permitted to stations, see the stream as set forth) 6.63(a) referring to 6.61(e)(1) ations in the	o carry n in the	3.73 Fee
1. CALL	this schedule to c		DSE.) 1. CALL	etter "F" in column 2	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN KWTV	BASIS	0.25	SIGN	BASIS		SIGN	BASIS		
		0.20							
								0.25	
		Е	SLOCK C: CC	MPUTATION OF	3.75 FEE				
	total number of	·							
	sum of permitte						ı , .		
				of DSEs subject 7 of this schedule		ate.			
ine 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
ine 5: Multiply li	ine 4 by 0.0375 a	nd enter sur	n here				x		permited/ partially nonpermitted carriage?
ine 6: Enter tota	al number of DSE	Es from line	3						If yes, see part 9 instructions.
_ine 7: Multiply li	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)

CABLE ONE, INC.		SYSTEM:				S	007412	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCRII	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Ardmor	e, Carter,Long Gi	ove,Dicl	COMMUNITY/ ARE	A Marietta			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				KWTV	0.25			Base Rate Fo
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
	<mark></mark>							Stations
Fotal DSEs			0.00	Total DSEs			0.25	
Total DSES								
Gross Receipts First G	roup	\$ 798	,910.54	Gross Receipts Sec	cond Group	\$	36,792.35	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	97.87	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Madill,N	larshall County,C	Dakland,	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KWTV	0.25							
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 42	,073.84	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	111.92	Base Rate Fee Fou	ırth Group	\$	0.00	
 			21					
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes	s above.	\$	209.78	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	'STEM ID# 007412	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
						_		Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROUP	,	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0.00	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				<u>II</u>				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
	,	. ,						

Name								
				TE FEES FOR EACH		COMPUTATION O		В
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GROU	NINTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivit Surcharg								
for								
Partially								
Distant								
Stations								
_								
	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	d Group	Gross Receipts Secon	0.00	<u>\$</u>	oup	iross Receipts First Gr
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	0.00	\$	d Group	Base Rate Fee Secon	0.00		oup	a se Rate Fee First Gr
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	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GROU	OUP	ase Rate Fee First Gr EI OMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GROU	OUP	Ease Rate Fee First Gr EI
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GROU	OUP	Base Rate Fee First Gr El
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	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GROU	OUP	EICOMMUNITY/ AREA CALL SIGN
	O.00 P OSE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	Base Rate Fee First Gr El
	0.00 P OSE O.00	\$ SUBSCRIBER GROU CALL SIGN	DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	CALL SIGN	DSE	CALL SIGN Cotal DSEs

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	O07412	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
THIF	RTEENTH	SUBSCRIBER GROU	JP	FOL	JRTEENTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GROU	JP	S	IXTEENTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0.00	
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	
							$\neg \neg $	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
3.13 11 010010	z, o 1, 0							

Name				TE EEEC EOD EACH				
						COMPUTATION O		
9		SUBSCRIBER GROU	HTEENTH			SUBSCRIBER GRO	NTEENTH	
Computati	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00		roup	Base Rate Fee First G
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	0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GROI	NTEENTH	s ase Rate Fee First G
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	0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GROI	NTEENTH	ase Rate Fee First G NI OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GROI	NTEENTH	ase Rate Fee First G
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	0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GROI	NTEENTH	NIOMMUNITY/ AREA
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	0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROI	NTEENTH	NII OMMUNITY/ AREA CALL SIGN
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	0.00	\$ SUBSCRIBER GROU	d Group WENTIETH DSE	Base Rate Fee Secon T COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROI	DSE	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU CALL SIGN	d Group WENTIETH DSE	Base Rate Fee Secon T COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP O DSE 0.00	CALL SIGN	DSE	CALL SIGN Cotal DSEs

				TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	r-9ECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROU	I Y-FIKSI	COMMUNITY/ AREA
Computat	T DOE	L CALL CICAL	T DOE T	CALL CICAL	I DOE	CALL CION	Dor I	CALL CICN
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LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				SY	STEM ID# 007412	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
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			riber group	as shown in the boxes at	oove.	œ		
Enter here and in block	s, iine 1, s	pace L (page /)				\$		

CABLE ONE, INC		E SYSTEM:				S	007412	Name
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9	P	BER GROUP	H SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION OF	BLOCK A:	B
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FORTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	
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FORTY-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
Total DSEs 0.00 Total DSEs 0.00	

Name	YSTEM ID# 007412	S				E SYSTEM:	OF CABLE	LEGAL NAME OF OWNER CABLE ONE, INC.
				E FEES FOR EACH				
9		SUBSCRIBER GROUI	FIFTIETH :			SUBSCRIBER GROU	Y-NINTH	
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	'STEM ID# 007412	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GROU	JP	ONE HUNDRE	SECOND	SUBSCRIBER GROUP)	^
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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 HUNDRE	ED THIRD	SUBSCRIBER GROU	JP	ONE HUNDREI	D FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
Total DCCa		II	0.00	Total DOC-			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.	\$		
						<u> </u>		

CABLE ONE, INC	·	LE SYSTEM:					007412	Name
				ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUND	RED FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRE) SEVENTH	SUBSCRIBER GRO	UP	ONE HUND	RED EIGHTH	I SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		,						
							······································	
otal DSEs			0.00	Total DSEs			0.00	
	Group	***		Total DSEs	rth Group	•		
	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
otal DSEs ross Receipts Third		\$				\$		
ross Receipts Third		\$	0.00	Gross Receipts Fou			0.00	
ross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group		0.00	

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABLI	E SYSTEM:				SY	'STEM ID# 007412	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRI	ED NINTH	SUBSCRIBER GROU	IP	ONE HUNDR	ED TENTH	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 G	COLID	¢	0.00	Gross Receipts Second	d Group	¢	0.00	
Gloss Receipts Filst Gi	oup	3	0.00	Gross Receipts Secon	u Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROUF	· · · · · ·	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group	as shown in the boxes al	bove.	\$		
Enter here and in block			J 1º			\$		

CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF B	0	SUBSCRIBER GROU	URTEENTH			COMPUTATION OF	LOCK A:	В
OSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base R au Syndi Exclusion Surci	0			ONE HUNDRED FO				
Company Compan		CALL SIGN				SUBSCRIBER GROU	RTEENTH	ONE HUNDRED THIS
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base R au Syndi Exclu Surcl	DSE	CALL SIGN		COMMUNITY/ AREA	0			COMMUNITY/ AREA
au au Syndi			DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndi Exclu								
Exclusive Surch								
Surci								
Part								
Dis								
Stat								
							<u></u>	
								,
	0.00			Total DSEs	0.00			otal DSEs
Some \$ 0.00 Gross Receipts Second Group \$ 0.00	0.00	\$	nd Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First Gr
\$ 0.00 Base Rate Fee Second Group \$ 0.00	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
ENTH SUBSCRIBER GROUP ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP	UP	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	JP	SUBSCRIBER GROU	FTEENTH	ONE HUNDRED FI
O COMMUNITY/ AREA O	0			COMMUNITY/ AREA	0		***************************************	COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				Total DSFs	0.00		_	otal DSEs
0.00 Total DSEs 0.00	0.00							olai DOL3
0.00 Total DSEs 0.00		Φ.	h O	O **** D ' · · · · ·	$\alpha \alpha \alpha$	•		December 711 10
		\$	h Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
p \$ 0.00 Gross Receipts Fourth Group \$ 0.00	0.00	\$	·			\$	·	Gross Receipts Third G Base Rate Fee Third G

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				<u> </u>	6YSTEM ID# 007412	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED SE	VENTEENTH	SUBSCRIBER GRO	DUP	ONE HUNDRED I	EIGHTEENTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate F
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	NINTEENTH	I SUBSCRIBER GRO	DUP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Setel DOT		II	0.00	Tatal DOS		П	0.00	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	rd Group	œ.	0.00	Rasa Pata Foo Fou	rth Group	c.	0.00	
vase Nate Fee Till	а стоир	•	0.00	Base Rate Fee Fou	rai Gioup	\$	0.00	
			scriber group	as shown in the boxes	s above.			
Enter here and in bl	ock 3, line 1,	space L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE ONE, INC.	OF CABLE	SYSTEM:				S)	O07412	Name
BL(OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWENT	Y-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWENT	TY-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
						_		Distant
								Stations
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	up	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Grou	up	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWENT	Y-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	ΓΥ-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				II				

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABL	E SYSTEM:				S	YSTEM ID# 007412	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCR	IBER GROUP		
	ITY-FIFTH	SUBSCRIBER GROUP		i i	'ENTY-SIXTH	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
					<u></u>			Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-EIGHTH	I 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	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE	0 Computa OSE of Base Rate and Syndica Exclusive Surchait for Partial Distar Station
COMMUNITY/ AREA O COMMUNITY/ AREA	Computa OSE of Base Rate and Syndica Exclusive Surchait for Partial Distar
	Computa OSE of Base Rate and Syndica Exclusive Surchait for Partial Distar
CALL SIGN DSE	OSE of Base Rate and Syndica Exclusiv Surchae for Partial Distar
	and Syndica Exclusiv Surchai for Partial
	Syndica Exclusiv Surchar for Partial
	Exclusiv Surchar for Partial Distar
	Surchar for Partial Distar
	for Partial Distar
	Partial Distar
	Distar
otal DSEs	0.00
ross Receipts First Group <u>\$</u> 0.00 Gross Receipts Second Group <u>\$</u>	0.00
	─
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP	
COMMUNITY/ AREA COMMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN D	DSE
CALL CICIN BOL CALL CICIN BOL CALL CICIN L	702
Total DSEs	0.00
	0.00_
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0	<u> </u>
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
	0.00

В								
				TE FEES FOR EAC				
	RTY-THIRD	SUBSCRIBER GROUI		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv Surchar
								for
								Partiall
								Distan
								Station
otal DSEs			0.00	Total DSEs			0.00	
iross Receipts First Gi	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
		·			a			
ase Rate Fee First Gr	roup		0.00				0.00	
	Гоир	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROUI				SUBSCRIBER GROUP		
ONE HUNDRED THI					HIRTY-SIXTH			
ONE HUNDRED THI			P	ONE HUNDRED T	HIRTY-SIXTH			
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI OMMUNITY/ AREA CALL SIGN	RTY-FIFTH	SUBSCRIBER GROUI	P 0	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP	0	
ONE HUNDRED THI OMMUNITY/ AREA CALL SIGN otal DSEs	DSE	SUBSCRIBER GROUI	DSE	ONE HUNDRED TO COMMUNITY AREA	DSE	SUBSCRIBER GROUP	DSE	
ONE HUNDRED THI	DSE	SUBSCRIBER GROUI	DSE 0	ONE HUNDRED TO COMMUNITY AREA	DSE	CALL SIGN	0 DSE	
ONE HUNDRED THI OMMUNITY/ AREA CALL SIGN otal DSEs	DSE Sroup	SUBSCRIBER GROUI	DSE 0 0 0 0 0 0 0 0 0 0 0 0	ONE HUNDRED TO COMMUNITY AREA	DSE th Group	CALL SIGN	0 DSE	
ONE HUNDRED THI OMMUNITY/ AREA CALL SIGN Dital DSEs ross Receipts Third G	DSE Sroup	SUBSCRIBER GROUI CALL SIGN * * * * * * * * * * * * *	DSE 0 0 0 0 0 0 0 0 0 0 0 0	ONE HUNDRED TO COMMUNITY AREA CALL SIGN Total DSEs Gross Receipts Four	DSE th Group	SUBSCRIBER GROUP CALL SIGN *	0 DSE	
ONE HUNDRED THI OMMUNITY/ AREA CALL SIGN Dial DSEs ross Receipts Third G ase Rate Fee Third G	DSE Sroup	SUBSCRIBER GROUI CALL SIGN * * * * * * * * * * * * *	DSE O.00 O.00 O.00	ONE HUNDRED TO COMMUNITY AREA CALL SIGN Total DSEs Gross Receipts Four	DSE th Group	SUBSCRIBER GROUP CALL SIGN *	0 DSE	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:					O07412	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 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
		•			d C	•		
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 THIR	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	SUBSCRIBER GROU)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	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.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DS		9
COMMUNITY/ AREA 0 COMMUNITY/ AREA	0	
CALL SIGN DSE CA	CALL SIGN DSE	Computation
		of
		Base Rate
		and
		Syndicate
		Exclusivi Surcharç
		for
		Partially
		Distant
		Stations
otal DSEs Total DSEs	0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00	
ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00	
ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FORTY-FOURTH SUB-	BSCRIBER GROUP	
COMMUNITY/ AREA 0 COMMUNITY/ AREA	0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE C	CALL SIGN DSE	
		ļ
otal DSEs 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	
U Silver Control Coop	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)		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	O07412	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
							<u></u>	Syndicated
							<u></u>	Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			Gross Receipts Second	0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-FIGHTH	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	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	r				r	·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Dana Bata T			elle e					
Base Rate Fee: Add th Enter here and in block			noer group	as shown in the boxes al	oove.	\$		

BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH SUBSCRIBER GROUP COMMUNITY/ AREA OCOMPUTATION DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.000 Gross Receipts Second Group \$ 0.000
O COMMUNITY/ AREA O Computation OF Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O O O O O O O O O O O O O O O O O O O
DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs
DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs 0.00
Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs
Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.00
Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.00
Surcharge for Partially Distant Stations O.00 Total DSEs O.00
for Partially Distant Stations O.00 Total DSEs O.00
Partially Distant Stations O.00 Total DSEs O.00
0.00 Total DSEs Stations
0.00 Total DSEs
0.00 Gross Receipts Second Group \$ 0.00
0.00 Base Rate Fee Second Group \$ 0.00
JP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP
O COMMUNITY/ AREA O
DSE CALL SIGN DSE CALL SIGN DSE
0.00
0.00 Total DSES 0.00

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:				SY	O07412	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GROU	JP	ONE HUNDRED FIFTY-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
T			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
							<u></u>	
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes al	bove.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE C	of Base Rate and Syndicat
DMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Computat of Base Rate and Syndicat
	Computat of Base Rate and Syndicat
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of Base Rate and Syndicate
	Syndicate
	Syndicate
	Syndicate Exclusivi
	Exclusivi
	Surcharg for
	Partially
	Distant
	Stations
tal DSEs 0.00 Total DSEs 0.00	
oss Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP	
OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
tal DSEs	