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.

## SA3E Long 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							

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	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 busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting Check here if this is the system's first filing. If not, enter the system's ID  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC.	ess of the cable system or on the last day of the counting perion	em the accounting period should s y the Licensing Division.	
				007417 2019/2
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626			
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT	and dystom, if aim	ground morn and address ground	
	MAILING ADDRESS OF CABLE SYSTEM:  19201 Pineville Rd - 786 Martin Luther King Blvd (Number, street, rural route, apartment, or suite number)  LONG BEACH, MS 39560 - BILOXI, MS 39530 - PA (City, town, state, zip code)		acphelah Rd., PO Dra MS 39568	wer 1818
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area	with all communities.	1		
Served	CITY OR TOWN	STATE		
First Community	GULFPORT	MS		
	Below is a sample for reporting communities if you report multiple cha			CUR CRD#
	CITY OR TOWN (SAMPLE)  Alda	STATE MD	CH LINE UP  A	SUB GRP#
Sample	Alliance	MD	В	2
	Gering	MD	В	3
	-			

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 th 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.

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 007417 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 fillings. 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. CITY OR TOWN STATE CH LINE UP SUB GRP# **GULFPORT** MS AD **First BILOXI** 3 MS AA Community 3 **D'IBERVILLE** MS AA **ESCATAWPA** MS AΕ 2 **GAUTIER** 2 MS ΑE 3 HARRISON COUNTY MS AD See instructions for HANCOCK CO-DIAMONDHEAD 5 MS AC additional information on alphabetization. HARRISON COUNTY-DIAMONDHEAD MS AD 4 **KEESLER AFB** AA 3 MS 4 LONG BEACH MS AD 2 **MOSS POINT** MS ΑE Add rows as necessary. **NORTH BILOXI (HARRISON COUNTY)** MS 3 AA **NORTH BILOXI (JACKSON COUNTY)** MS AB **OCEAN SPRINGS** MS AB 2 **PASCAGOULA** MS ΑE **PASS CHRISTIAN** MS AD 4 **VANCLEAVE** MS AΒ

## Ε

## Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	25,469	20.00-84.00	HOSPITALS	744	7.99-30.62	
<ul> <li>Service to additional set(s)</li> </ul>			CASINOS	3,233	6.12-28.39	
<ul> <li>FM radio (if separate rate)</li> </ul>			NURSING HOMES	225	8.00-17.41	
Motel, hotel	9,494	3.31-17.41				
Commercial	1,338	18.65-94.00				
Converter						
<ul> <li>Residential</li> </ul>						
Non-residential						
				·	•	

## F

## Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	15.00-44.00	Motel, hotel	COST PLUS	SHOWTIME	\$ 18.00
<ul> <li>Pay cable—add'l channel</li> </ul>	9.00-40.00	Commercial	COST PLUS	TIER DELUXE	\$ 44.00
<ul> <li>Fire protection</li> </ul>	\$ 4.00	• Pay cable	COST PLUS	DVP	\$ 15.00
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>	\$ 4.00	CINEMAX	\$ 18.00
Installation: Residential		Fire protection		MOVIE CHANNEL	\$ 18.00
<ul> <li>First set</li> </ul>	0-90.00	Burglar protection		НВО	\$ 18.00
<ul><li>Additional set(s)</li></ul>	30.00-60.00	Other services:		STARZ	\$ 18.00
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	0.00-90.00		
<ul> <li>Converter</li> </ul>		Disconnect			
		Outlet relocation	\$ 60.00		
		<ul> <li>Move to new address</li> </ul>	30.00-60.00		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007417 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 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) **WDSU** 43 Ν Yes **NEW ORLEANS, LA** 0 WLOX-1 13 N-M No BILOXI, MS See instructions for additional information WMAH-SIMUL No 16 Ε BILOXI, MS on alphabetization. WXXV-2-SIMUL No 48 N-M **GULFPORT, MS** WXXV-3-SIMUL 48 N-M No **GULFPORT, MS** WLOX-3 13 I-M No BILOXI, MS **WMAH** Ε 16 No BILOXI, MS **WWL** 36 Ν Yes 0 **NEW ORLEANS, LA** WXXV-1 I-M 48 No **GULFPORT, MS** WXXV-1-SIMUL 48 No I-M **GULFPORT, MS** WXXV-2 48 N-M No GULFPORT, MS **WYES** 11 Ε Yes **NEW ORLEANS, LA** 0 WXXV-2-SIMUL 48 N-M No **GULFPORT, MS** WDSU-SIMUL 43 Ν No **NEW ORLEANS, LA** WLOX-1-SIMUL 13 N-M No BILOXI, MS

#### 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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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**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.

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**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDSU	43	N	Yes	0	NEW ORLEANS, LA
WLOX-1	13	N-M	No		BILOXI, MS
WMAH-SIMUL	16	E	No		BILOXI, MS
WXXV-2-SIMUL	48	N-M	No		GULFPORT, MS
WXXV-3-SIMUL	48	N-M	No		GULFPORT, MS
WLOX-3	13	I-M	No		BILOXI, MS
WMAH	16	Е	No		BILOXI, MS
WXXV-1	48	I-M	No		GULFPORT, MS
WXXV-2	48	N-M	No		GULFPORT, MS
WYES	11	Е	Yes	0	NEW ORLEANS, LA
WXVO-LD	13	I	No		PASCAGOULA, MS
WGUD-LD	51	I	No		PASCAGOULA, MS
WXXV-1-SIMUL	48	I-M	No		GULFPORT, MS
WDSU-SIMUL	43	N	No		NEW ORLEANS, LA
WXXV-2-SIMUL	48	N-M	No		GULFPORT, MS
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS

G

Primary Transmitters: Television

#### 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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station 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.

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**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AC	
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
WDSU	43	N	No		NEW ORLEANS, LA
WGNO	26	N	No		NEW ORLEANS, LA
WMAH-SIMUL	16	E	No		BILOXI, MS
WXXV-2-SIMUL	48	N-M	No		GULFPORT, MS
WXXV-3-SIMUL	48	N-M	No		GULFPORT, MS
WUPL	24	I	No		SLIDELL, LA
WVUE	8	I	No		NEW ORLEANS, LA
WWL	36	N	No		NEW ORLEANS, LA
WXXV-3	48	I-M	No		GULFPORT, MS
WYES	11	Е	No		NEW ORLEANS, LA
WDSU-SIMUL	43	N	No		NEW ORLEANS, LA
WXXV-3-SIMUL	48	N-M	No		GULFPORT, MS
WPXL-SIMUL	50	I	No		NEW ORLEANS, LA
WVUE-2	8	I	No		NEW ORLEANS, LA
WGNO-SIMUL	26	N	No		NEW ORLEANS, LA
WNOL-2	15	I	No		NEW ORLEANS, LA
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS

G

Primary Transmitters: Television

#### 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 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.

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**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.

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**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	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
WDSU	43	N	No		NEW ORLEANS, LA
WDSU-SIMUL	43	N	No		NEW ORLEANS, LA
WMAH-SIMUL	16	Е	No		BILOXI, MS
WXXV-2-SIMUL	48	N-M	No		GULFPORT, MS
WXXV-3-SIMUL	48	N-M	No		GULFPORT, MS
WLOX-1	13	N-M	No		BILOXI, MS
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS
WLOX-2	13	N-M	No		BILOXI, MS
WLOX-2-SIMUL	13	N-M	No		BILOXI, MS
WLOX-3	13	I-M	No		BILOXI, MS
WMAH	16	E	No		BILOXI, MS
WWL	36	N	No		NEW ORLEANS, LA
WXXV-1	48	I-M	No		GULFPORT, MS
WXXV-1-SIMUL	48	I-M	No		GULFPORT, MS
WXXV-2	48	N-M	No		GULFPORT, MS
WYES	11	E	Yes	0	NEW ORLEANS, LA
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS
WMAH-SIMUL	16	E	No		BILOXI, MS

G

Primary Transmitters: Television

#### 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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AE	
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
WGUD-LD	51	I	No		PASCAGOULA, MS
WKFK-LD	7	I	No		PASCAGOULA, MS
WMAH-SIMUL	16	E	No		BILOXI, MS
WXXV-2-SIMUL	48	N-M	No		GULFPORT, MS
WXXV-3-SIMUL	48	N-M	No		GULFPORT, MS
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS
WLOX-2	13	N-M	No		BILOXI, MS
WLOX-2-SIMUL	13	N-M	No		BILOXI, MS
WLOX-3	13	I-M	No		BILOXI, MS
WMAH	16	E	No		BILOXI, MS
WPMI	15	N	No		MOBILE, AL
WPMI-SIMUL	15	N	No		MOBILE, AL
WXXV-1	48	I-M	No		GULFPORT, MS
WXXV-1-SIMUL	48	I-M	No		GULFPORT, MS
WXXV-2	48	N-M	No		GULFPORT, MS
WXXV-2-SIMUL	48	N-M	No		GULFPORT, MS
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS
WMAH-SIMUL	16	E	No		BILOXI, MS

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					Account	14G 1 EMOD. 2013/2
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
CABLE ONE, IN	IC.				007417	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, s basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you had cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	ystem during the ons in effect on .61(e)(2) and (4 sis, as explained tations: With records and also in space only on a substand also in space only on a substand also in space of the confermation concerns. In station's call sassociated with -2". Simulcast sechannel numbers of the confermation concerns of the confermation concerns of the confermation concerns of the confermation is outside the confermation is outside the confermation of a distant station of a distant entered into on a part-timition of a distant entered into on a primary transresimulcasts, also ree categories, a location of each canadian station of a canadian station station of each canadian station of a canad	ne accounting I June 24, 198 I), or 76.63 (red in the next pespect to any tions, or author G—but do list itute basis. ce I, if the sta erning substite sign. Do not red a station account the FCC has been station. I/hether the stat ter "N" (for ne oncommercial bage (v) of the the local serv type (v) of the the station. For the station. For the station. For the station. For the station is the station. For the station is the station. For the station is the station is the station. For the station is the station is the station. For the station is	period, except period, except period, except period, except period perio	(1) stations carried to carriage of certa- (1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substiffus, see page (v) on program service the er-the-air designation of the television statistication, D.C. This work station, an indefor network multicor "E-M" (for noncontrol located in the distant"), enter "Yes ions located in the implete column 5, and Indicate by enteriorated to a royalty etween a cable systematic of the primal channel on any of instructions located in the community with the	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the make the station is identifed.	Primary Transmitters: Television
		CHANNI	EL LINE-UP	AF		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WMAH-SIMUL	16	E			BILOXI, MS	
WXXV-2-SIMUL	48	N-M			GULFPORT, MS	
WXXV-3-SIMUL	48	N-M			GULFPORT, MS	
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				007417	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Subsis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give t	G, identify even system during the ions in effect of 6.61(e)(2) and (sis, as explaine stations: With a CC rules, regular here in space only on a substand also in spationmation conditions. With a condition in the station's call associated with a case of a c	y television state accounting in June 24, 194, or 76.63 (r din the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state acrining substitions in a station account of the station account of the station. Whether the station whether the station. Whether the station account of the local server in column on during the same basis becar in multicast stream or before Jumitter or an associated in the station. For exage (v) of the same basis becar in column or during the same basis becar in column or during the same basis becar in or before Jumitter or an associated in the same basis becar in column or during the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or before Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in the same ba	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph.  If distant stations orizations:  It it in space I (the 181 tinn was carried the 181 tinn was carried to 181 tinn was carried to 181 tinn was station to 181 tinn was assigned to 181 tinn was	(1) stations carried to carriage of certa- 1(e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on a program service the television statistication, D.C. This work station, an indefor network multicution "E-M" (for noncontrolled in the finite of the television statistication, but the television statistication, but the television statistication, but the television statistication, but the television statistication, an indefor network multicute. The television statistication is located in the finite television statistication of the television of	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing			•	•	onamier mie ap.	
1. CALL SIGN	2. B'CAST CHANNEL	1	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	HOMBEN	SIATION		(II Distailt)		

FURM SA3E, PAGE 3.					0)/07514 ID#	
CABLE ONE, I		/STEM:			SYSTEM ID# 007417	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba	system during the tions in effect or 6.61(e)(2) and (asis, as explaine	he accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except 31, permitting the eferring to 76.6 paragraph.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis under specifc F	CC rules, regular here in space of only on a subset and also in spanformation concorm.  In associated with A-2". Simulcast the channel numbers of the	ations, or auth G—but do list titute basis. Ince I, if the state erning substit sign. Do not read a station acceptate and the station acceptate and the station. In a station acceptate and the station. In a station acceptate and the station. In a station whether the station. In a station and the station are basis because and the station are basis because and the station are station. In a station are station. In a station are station. In a station are station. For the station are page (v) of the station are station. For the station are station are station. For the station are station are station. In a station are station are station are station. In a station are station a	orizations:  it in space I (the space I (the space I) (the space II) (the space II) (the space II) (the space II) (the space III) (the s	e Special Statemed both on a substitute, see page (v) or program services er-the-air designal column 1 (list each the television statifington, D.C. This list of the television statifington, D.C. This rk station, an indefor network multicer "E-M" (for noncostions located in the inplete column 5, so d. Indicate by entictivated channel or ubject to a royalty tween a cable system in the primary channel on any of instructions locate list the community with	ent and Program Log)—if the  ute basis and also on some other if the general instructions located  is such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example  on for broadcasting over-the-air in may be different from the channel  expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The paper SA3 form. The p	Television
Note: If you are utilizi	ng mulupie char		·		channel line-up.	
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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OV	NER OF CABLE S	YSTEM:			SYSTEM ID#	Name
CABLE ONE,	INC.				007417	
PRIMARY TRANSMIT	TERS: TELEVISIO	ON				
PRIMARY TRANSMIT In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), substitute program b Substitute Basis basis under specific F • Do not list the station was carrie • List the station here basis. For further in the paper SA3 Column 1: List each multicast stream as "WET WETA-simulcast). Column 2: Give to which your cable Column 3: Indica educational station, If (for independent mul For the meaning of the Column 5: If you cable system carried the distant stream as remarked arried the distant stream as remarked arried the distant stream as remarked arried the distant stream arried the distant stream arried the distant stream arried the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give the substitute of the second of these Column 6: Give the substitute of the second of these Column 6: Give the substitute of the second of these Column 6: Give the substitute of the second of these Column 6: Give the substitute of the second of t	TERS: TELEVISION OF A CONTRICT TERS: TELEVISION OF A CONTRICT ON A CONTRICT OF A CONTRICT ON A CONTRICT OF A CONTR	y television st he accounting in June 24, 194, or 76.63 (i 4), or 76.63 (i 4), or 76.63 (i 4) do in the next   respect to any ations, or auth G—but do lis titute basis. ace I, if the state erning substiff sign. Do not re ha station acceptance streams must beer the FCC he e, WRC is Chane station. Whether the station.	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: to tit in space I (the station was carried that basis station to be reported in continuous assigned to sannel 4 in Wash station is a network etwork), "N-M" (I educational), one general instructivice area, (i.e. "or general instruction is an excounting period accounting period accounting period in 30, 2009, be sesociation repreyou carried the of the general in U.S. stations,	(1) stations carried carriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statem of both on a substitute, see page (v) of the program service er-the-air designate column 1 (list each the television statington, D.C. This lork station, an indefor network multion "E-M" (for noncotions located in the interest of the television should be in the interest of the television should be in the interest of the television should be interest of the intere	s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utiliz				•		
		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	
				•		
		<b></b>				

FURM SA3E. PAGE 3.					CVCTEM ID#			
CABLE ONE, IN		/STEM:			SYSTEM ID# 007417	Name		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
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 specife FCC rules, regulations, or authorizations:  1 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.  1 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 as "WETA-2". Simulcast 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), "" (for independent), "-M" (for independent multicast), "E" (for noncommercial educational por 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 4: If the station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subj								
Note: If you are utilizing	ig multiple chai		EL LINE-UP		опаппен ппе-ир.			
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			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
CABLE ONE, II	NC.				007417			
PRIMARY TRANSMITT	ERS: TELEVISIO	N						
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 publication of 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.6								
Troto: II you are uninzii	ng manapio onai		•		onarmor mio up.			
1. CALL SIGN	2. B'CAST CHANNEL	1	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	HOWDER	SIATION		(II Distailt)				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

FURINI SAJE. PAGE 3.					0)/0751418#					
CABLE ONE, IN		/STEM:			SYSTEM ID# 007417	Name				
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON								
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
basis under 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 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 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										
		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					

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				007417		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
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 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:  1 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.  1 List the station here in space G—but do list it in space I (the Special Statement and Program Log)—if 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),							
			•				
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		

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
CABLE ONE, II	NC.				007417	Nume		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON						
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 as sociated 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" (fo								
				•				
Note. II you are utilizii	ig multiple chai			·	charmer line-up.			
	Т	CHANN	EL LINE-UP	AN				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE					CVCTEM ID#	
CABLE ON	OWNER OF CABLE SY	/STEM:			SYSTEM ID# 007417	Name
	•				007417	
	MITTERS: TELEVISIO					
carried by your ca FCC rules and rec 76.59(d)(2) and (4 substitute progran Substitute Ba	able system during to gulations in effect on \$1), 76.61(e)(2) and ( in basis, as explaine sis Stations: With	he accounting n June 24, 196 4), or 76.63 (r d in the next prespect to any	period, except 81, permitting th referring to 76.6 paragraph. distant stations	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	<b>G</b> Primary  Transmitters:  Television
Do not list the st station was care station was care. List the station heasis. For furth in the paper S/Column 1: List each multicast str cast stream as "WWETA-simulcast). Column 2: Give stream as "Weth-asimulcast). The column 3: Indeducational statio (for independent reformed the meaning of Column 4: If the planation of local Column 5: If y cable system carried the distant for the retrans of a written agree the cable system tion "E" (exempt). explanation of the Column 6: Give FCC. For Mexicare station in the Column 6: Give station in the Column 6: Give system tion "E" (exempt).	rried only on a substance, and also in spaner information concepts of the conc	G—but do list titute basis. ace I, if the state rining substit sign. Do not read a station acceptation of the station acceptation of the station. Whether the station. Whether the station acceptation of the local servage (v) of the local servage (v) of the local servage (v) of the acceptance of the station of the local servage (v) of the local s	tit in space I (the stion was carried ute basis station eport origination cording to its own be reported in coas assigned to the sannel 4 in Wash ation is a network), "N-M" (I educational), one general instructive area, (i.e. "regeneral instructive area, (i.e. "carcounting period accounting period accounting period accounting the sannel 4 in the sannel 30, 2009, be association repression of the general in the sannel of the general in the sannel of the sannel o	d both on a substitute, see page (v) on program services er-the-air designate column 1 (list each the television statistington, D.C. This bork station, an indefor network multicute for "E-M" (for nonceptions located in the interest of the television statistington, D.C. This bork station, an indefor network multicute for "E-M" (for nonceptions located in the interest occurs located in the interest occurs of the primary of the primary channel on any of the instructions located list the community with	es". If not, enter "No". For an expaper SA3 form.  stating the basis on which your dering "LAC" if your cable system capacity.  payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form.  to which the station is licensed by the which the station is identifed.	
Note: II you ale u	unzing multiple chai	•	•	•	опапногине-ир.	
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	
				,		

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
CABLE ONE, II	NC.				007417			
PRIMARY TRANSMITT	ERS: TELEVISIO	ON						
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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)]; and (2) certain stations carried on a 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 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 p								
Trotor ii you are umizii			•	<u> </u>	onarmor mio up.			
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			
	JIIIDEIX	217111011		( Distail)				

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
CABLE ONE, II	NC.				007417			
PRIMARY TRANSMITT	ERS: TELEVISIO	ON						
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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system 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, as explained in the next paragraph.  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 educationally of "E-M" (for network). "N-M								
Note. II you are utilizii	ig multiple chai	inei iirie-ups,	use a separate	space G for each	Charmer line-up.			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	HOMBER	31,111011		(II Distairt)				

FORM SA3E. PAGE 3.								
LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	Name		
CABLE ONE, I	NC.				007417			
PRIMARY TRANSMITT	ERS: TELEVISIO	ON						
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 — Dut 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 in space — Dut do list it in space I (the Special Statement and Program Log)—if 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 itensee. 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								
		•	•	•				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	TOMBLIC	SIMION		(ii Diotairt)				
	<mark></mark>							
		<b> </b>						

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWI		STEM:			SYSTEM ID#	Name		
CABLE ONE, I	NC.				007417			
PRIMARY TRANSMITT	ERS: TELEVISIO	ON						
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 76.51(e)(2) and (4))); and (2) certain stations carried on a 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 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 independent multicast), "E" (for noncommercial educational multicast), "F" (for independent), "I-M" (for indepe								
Note: If you are utilizing	ng multiple char	•	•		cnannel line-up.			
	T	CHANN	EL LINE-UP	AT				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF STATION	(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 007417 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2019/2			
LEGAL NAME OF OWNER OF	CABLE SYST	EM:			S	SYSTEM ID#	Name			
CABLE ONE, INC.						007417	Humo			
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG							
In General: In space I, identi substitute basis during the ac	counting pe	riod, under spe	ecific present and former FC	C rules, regula	ations, or authorizations.	For a further				
explanation of the programm				e general instr	uctions located in the par	per SA3 form.	Substitute Carriage:			
SPECIAL STATEMENT     During the accounting periods.	iod, did you			s, any nonne			Special Statement and			
broadcast by a distant station?  Yes XNo  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "SI7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.										
	UDCTITUT	T DDOCDAM			EN SUBSTITUTE	7. REASON				
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCURRED  6. TIMES  FROM — TO	FOR DELETION				
					<u> </u>					
					_					
					_					
					<u> </u>					
					_					
					_					
					_					

LEGA	SA3E. PAGE 7.  IL NAME OF OWNER OF CABLE SYSTEM:  BLE ONE, INC.			SYSTEM ID# 007417	Name				
GRO Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's secidentified in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions.	ondary t	transmiss	the total of sion service	K Gross Receipts				
IMP	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.		\$ (Amount of	<b>6,926,920.01</b> gross receipts)					
<ul> <li>COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul>									
bloc	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.								
3 be	irt 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow. Irt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho								
2 in	block 4 below.								
	system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K \$ 6,926,920.01								
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.	\$		73,702.43					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period of the complete the DSE schedule.  No—Leave block 3 below blank and complete the DSE schedule.	mn 4, yo	ou must c	heck					
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	-	\$	17,328.15					
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	=		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$		17,328.15					
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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	_	\$	73,702.43	Cable systems				
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r		0.00	submitting additional deposits under				
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	_		0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE	_	\$	725.00	additional fees.  Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here								
	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 pa	ge (i) of t	ne	additional fees.				

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007417

## J

## Part-Time Carriage Log

## 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-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 column 5 of space G.

**Column 2 (Dates and hours of carriage):** For each station, list the dates and hours when part-time carriage occurred 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									
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN	CARRIAGE O		
	DATE	HOUR FROM	TO			DATE	FROM	OUR	TO
		_						_	
		_						_	
		_						_	
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		_							
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Name	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:	SYSTEM ID#
Humo	CABLE ONE, INC.		007417
	CHANNELS		
M	Instructions: You must g	ive (1) the number of channels on which the cable system carried television broadcast	t stations
Channels	to its subscribers and (2) to	the cable system's total number of activated channels, during the accounting period.	
Chamieis	Enter the total number of	of channels on which the cable	
		broadcast stations	19
	2. Enter the total number of	Г	
	=	em carried television broadcast stations	282
N	INDIVIDUAL TO BE CON	ITACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
	we can contact about this	statement of account.)	
Individual to Be Contacted			
for Further	Name <b>EMERSON</b>	YEARWOOD Telephone	602-364-6195
Information	***************************************	· 1	
	Address 210 E. EAR	LL DRIVE	
	(Number, street, ru	ral route, apartment, or suite number)	
	PHOENIX, A (City, town, state, z	AZ 85012-2626	
	(Only, term, state, 2	-P)	
	Email em	erson.yearwood@cableone.biz Fax (optional) 602-364-	6013
•	CERTIFICATION (This stat	ement of account must be certifed and signed in accordance with Copyright Office reg	gulations.
O Certifcation	. I the undersigned hereby	certify that (Check one, but only one, of the boxes.)	
Certification	i, the undersigned, hereby	certify that (Greek one, but only one, of the boxes.)	
	(Owner other than corp	poration or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or
		than corporation or partnership) I am the duly authorized agent of the owner of the cable and that the owner is not a corporation or partnership; or	e system as identified
	V (Officer or montroe)		was of the cable system
	in line 1 of space B.	m an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	wher of the cable system
	I have examined the state	ment of account and hereby declare under penalty of law that all statements of fact contain	ned herein
	are true, complete, and cor	rect to the best of my knowledge, information, and belief, and are made in good faith.	iod Horom
	[18 U.S.C., Section 1001(19	986)]	
	<b>&gt;</b>	/s/ Raymond Storck	
	Ente	r 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	
		button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus	o companionity settings.
	Тур	ed or printed name: RAYMOND STORCK	
	<del></del>	. VICE DESIDENT	
	Title	: VICE PRESIDENT (Title of official position held in corporation or partnership)	
	Date	e: 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 th 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 telephor 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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#	Namo					
CABLE ONE, INC. 007417						
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."						
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions	Concerning Gross Receipts Exclusion					
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 Name Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
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					
Live 4. Entrolling and of late and an advantage of the control of	Interest					
Line 1 Enter the amount of late payment or underpayment	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	-					
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	1					
Accounting period	n					
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 th 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

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

# BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that lead stations are not counted at all in computing DSEs	

Note that local stations are not counted at all in computing DSEs.

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number or hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

# SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

#### **TOTAL OF DSEs**

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within  $\varepsilon$  television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

## COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

#### COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
  major television market as defined by the FCC rules and regulations in
  effect on June 24, 1981. If no portion of the cable system is located ir
  a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

# COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE
 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
  - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
   the rates given above;
   the total number of DSEs for that group's complement of stations;
   and
   the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

## **EXAMPLE**:

### COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.

Santa Rosa	Stations A and C 35 mile zone
<b>\</b> an	Bodega Bay ns B, D, id E le zone

Distant Stations Carried			Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
n	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

40,00									
First Subscriber Group		Second Subscriber Group		Third Subscriber Group					
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)					
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00				
DSEs	2.472	DSEs	1.083	DSEs	1.389				
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03				
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80				
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23				
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03				

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

**ACCOUNTING PERIOD: 2019/2** 

DSE SCHEDULE. PAG	E 11. (CONTINUED)					STEM ID#						
4	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
	CABLE ONE, INC.					007417						
	SUM OF DSEs OF CATEGOR	RY "O" STATION	NS:									
	Add the DSEs of each station.											
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.75							
	Instructions:					J						
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5											
	of space G (page 3).											
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSEs											
of DSEs for												
Category "O" Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Stations	WDSU	0.250	CALL SIGN	DOL	CALL SIGN	DOL						
	WKRG	0.250 0.250										
	WYES	0.250										
	WIES	0.250										
Add rows as												
necessary.												
Remember to copy												
all formula into new												
rows.												

Name		OWNER OF CABLE SYSTEM:						SYSTEM ID#	
	CABLE ONE	, INC.						007417	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity		С	ATEGORY LAC	STATIONS:	COMPUTAT	ION OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3. N JRS 0 ED BY S' M 0	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAG VALUE	5. T	YPE 6 ALUE	3. DSE	
			÷ ÷			x x	<u>=</u>		
			÷			×	=		
			÷		=	x	=		
			÷ ÷		=	X X	=		
			÷	=	=	x	=		
			÷			x	=		
	Add the DSEs	OF CATEGORY LAC Soft each station. Im here and in line 2 of page 1		e,	▶		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference broadcast of space I).     Column 2: If at your option.     Column 3: If Column 4: If Column 4: If Column 4: If the space of	e the call sign of each state by your system in substitute of the condition of the conditio	itution for a program as shown by the lett ork programs during number of live, non spond with the informs in the calendar yearn 2 by the figure in	that your system er "P" in column that optional carri network program nation in space I. ar: 365, except in column 3, and give	Nas permitted of 7 of space I); an age (as shown by s carried in substance) a leap year.	to delete under FCC d r the word "Yes" in co stitution for programs olumn 4. Round to r	c rules and regular- lumn 2 of s that were deleted no less than the thin	rd	
		SUI	BSTITUTE-BAS	IS STATION	S: COMPUTA	ATION OF DSE	S .		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAI	3. NUME OF DA MS IN YEA	YS	
		÷					÷	=	
		÷		=		***************************************	÷	=	
		÷		=			÷	=	
		÷ ÷		=			÷	=	
	Add the DSEs	OF SUBSTITUTE-BASI	IS STATIONS:	e,			0.00		
5		ER OF DSEs: Give the am applicable to your system		s in parts 2, 3, and	4 of this schedul	e and add them to pr	rovide the tota		
Total Number	1. Number of	f DSEs from part 2 ●				<b>&gt;</b>	0.75		
of DSEs	2. Number of	f DSEs from part 3 ●				<u> </u>	0.00		
	3. Number of	f DSEs from part 4 ●				<b>-</b>	0.00		
	TOTAL NUMBE	R OF DSEs					<b>-</b>	0.75	

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

CABLE ONE, I		SYSTEM:					S	YSTEM ID# 007417	Name
Instructions: Bloc		pleted							
In block A:  • If your answer if			art 6 and nart	7 of the DSE sche	edule blank ar	nd complete na	art 8 (nage 16) of	the	6
schedule.		·	•	7 Of the DOL 3010	cadic blank al	ia compicte pe	art o, (page 10) or	uic	
If your answer if	"No," complete bio			ELEVISION M.	ARKETS				Computation of
Is the cable syster effect on June 24.		outside of all r	najor and sma	ıller markets as de	efined under s	ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
· '		schedule—D	O NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	olete blocks B and	C below.							
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations  BSE Scheen	ons prior to Jui dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ition of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carri- 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered	lles and reguled pursuant to as defined all educational station (76.6	ations cited be to the FCC ma I in 76.5(kk) (7 Il station [76.5 55) (see parag	sis on which you on elow pertain to thouse rket quota rules [7 (6.59(d)(1), 76.61(9(c), 76.61(d), 76. Iraph regarding su	ese in effect or 76.57, 76.59(b (e)(1), 76.63(a 63(a) referring	n June 24, 198 ), 76.61(b)(c), ı) referring to 7 g to 76.61(d)	76.63(a) referring 6.61(e)(1	y tc	
	•	ant to individu viously carrie JHF station w	ıal waiver of F d on a part-tin ithin grade-B ເ	ne or substitute ba contour, [76.59(d)(	•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WDSU	D	0.25							
WKRG WYES	D C	0.25 0.25							
WILS		0.23							
								1.50	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			,		
Line 2: Enter the	sum of permitte	d DSEs fror	n block B abo	ove			,		
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.			
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ine 4 by 0.0375	and enter su	ım here						partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				,x		carriage?  If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007417 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 1. CALL 1. CALL 2. PERMITTED 3. DSE 2. PERMITTED 3. DSE SIGN BASIS SIGN **BASIS** BASIS SIGN **WDSU** 0.25 Computation of D 3.75 Fee **WKRG** D 0.25 С 0.25 **WYES** 

Name	CABLE ONE, IN		E SYSTEM:						<u> </u>	007417
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.									
		PERMITT	ED DSE FOR STA	ATIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED
	SIGN	DSE	P	ERIOD		CARRIAGE	[	DSE		DSE
									************	
<b>7</b> Computation	Instructions: Block A In block A: If your answer is		npleted. ete blocks B and C	, below.						
of the	If your answer is	"No," leave b	locks B and C blar	k and complete	ра	art 8 of the DSE sched	ule.			
Syndicated			BLOC	K A: MAJOR	TE	ELEVISION MARK	ET			
Exclusivity										
Surcharge	Is any portion of the or	able system w	vithin a top 100 maj	or television mar	ket	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?
	X Yes—Complete	blocks B and	IC.			No—Proceed to	part 8			
	BLOCK B: Ca	arriage of VHI	-/Grade B Contou	Stations	_	BLOCK	C: Compu	tation of Exem	pt DSEs	3
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places				Was any station listed nity served by the cab to former FCC rule 76	le system p			
	Yes—List each s	tation below wi	th its appropriate pe	mitted DSE		Yes—List each st	ation below	with its appropria	ate permi	tted DSE
	X No—Enter zero a	ind proceed to	part 8.			X No—Enter zero a	nd proceed t	o part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE
			-							
			-							
			-							
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      \( \text{\text{X}} \) No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
0 4:	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name			STEM ID# 007417
	•	CABLE ONE, INC.	007417
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u> .
<b>8</b> Computation of Base Rate Fee	You mi 6 was 6 In blo If you If you blank What i	ctions:  ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  If answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  If answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below  Is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.) ▶	
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts	
		(the amount in section 1)	
		(the amount in section 1)	
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here	<del></del>
		and in block 3, line 1, space L (page 7)  Base Rate Fee	0.00
		ΕΨ	<u></u> .

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

DSE SCH	HEDULE. PAGE 17.	OUNTING	PERIOD: 2019/2
EGAL N	AME OF OWNER OF CABLE SYSTEM: SYST	EM ID#	
CABL	LE ONE, INC.	07417	Name
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
7	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) <b>\$</b>		
	B. Enter 0.00701 of gross receipts  (the amount in section 1) \$		Computation of
	(are difficulty in section 1)		Base Rate Fee
	C. Multiply line B by 3.000 and enter here <b>\$</b>		
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here  ▶		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee ▶ \$	0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signa I be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-up		
Space		/5	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exc	lude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantag	e of this	of
exclusi	on, you must:		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the sai		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the num and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each gr		Exclusivity
	r: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	'	Surcharge for
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you	ou must	Partially
also co	ompute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. Ho		Distant
if your	cable system is wholly located outside all major television markets, complete block A only.		Stations, and
	dentify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.		Stations
	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located		
-	e the station's local service area. A subscriber located outside the local service area of a station is distant to that station (an	d, by	
the sar	ne token, the station is distant to the subscriber.)		
	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	la	
	iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cab I will have only one subscriber group when the distant stations it carried have local service areas that coincide.	ie	
•	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's su	ıhscriher	
groups		DSCIDCI	
In each	n section:		
• Identi	fy the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the		
	ibers in the group.		
• lf:	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2	, ,	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2 of this schedule; or,	., J,	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,		
part	t 6 of this schedule.		
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		

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• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions

• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

in the paper SA3 form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007417 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that 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.

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Compu SE 0° Base Ra an		BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH	BASE RA	COMPUTATION OF	UCK 4 · (	-
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Compu SE of Base Ra an	WDA DOD	SOBSCINIBLIN GINOU	SECOND		IP	SUBSCRIBER GROU	FIRST	
Base Ra an Syndi	UNITY/ AREA PASCAGOULA, ESCATAWPA, POR		AREA OCEAN SPRINGS, PORTIONS OI COMMUNITY/ AREA PASCAGOULA, ESCATAWPA, PO			MUNITY/ AREA OCEAN SPRINGS, PORTIONS OI COMM		
an Syndi	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Surch								
fo								
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Statio							<u> </u>	
							<u>"</u>	
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01	169,817.01	\$ 1,46	d Group	Gross Receipts Second	,958.12	\$ 992.	roun	Gross Receipts First G
	103,017.01	1,40	a Gloup	Gross Receipts Second	,330.12	332,	гоир	orosa rreceipis i iisi G
.00	0.00	\$	d Group	Base Rate Fee Second	,282.54	\$ 5,	roup	Base Rate Fee First G
	UP	SUBSCRIBER GROU	FOURTH		IP	SUBSCRIBER GROU	THIRD	
D), G	NDHEAD), C	ON CO (DIAMONI	HARRIS	COMMUNITY/ AREA	INTY	, HARRISON COU	BILOXI,	COMMUNITY/ AREA
SE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			0.25	WYES			0.25	VYES
							<mark></mark>	
							<u>"</u>	
.25	0.25		1	Total DSEs	0.25			otal DSEs
<del></del>			_					
.52	721,976.52	\$ 2,72	Group	Gross Receipts Fourth	,462.74	\$ 1,648,	Group	Gross Receipts Third G
46	7,240.46	\$	Group	Base Rate Fee Fourth	,384.91	\$ 4,	Group	Base Rate Fee Third G

	TH SUBSCRIBER (	GROUP	COMMUNITY/ AREA	SIXTH	SUBSCRIBER GRO	DUP	_
COMMUNITY/ AREA HAI	NCOCK COUNTY		COMMUNITY/ AREA			UP	
		(DIAMOND	COMMUNITY/ AREA	A VANCE			$\sim$
CALL SIGN DS	E CALL SIGN			A VANGLE	AVE		9 Computatio
		DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			WDSU	0.25			Base Rate F
			WYES	0.25			and
							Syndicated
							Exclusivity
							Surcharge
							for
							Partially
							Distant
							Stations
	······						Otationo
	······						
Total DSEs		0.00	Total DSEs			0.50	
Gross Receipts First Group	\$	14,712.54	Gross Receipts Sec	ond Group	\$	78,993.08	
	-						
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	420.24	
SEVE	NTH SUBSCRIBER	GROUP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0	
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					-	······	
					•		
Γotal DSEs		0.00	Total DSEs			0.00	
	•	0.00		rth Crover	•	0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rui Group	\$	0.00	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	

AL NAME OF OWNER OF CABLE SYSTEM:  BLE ONE, INC.  SYSTEM ID# 007417						
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP						
NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER  AREA 0 COMMUNITY/ AREA	R GROUP 0					
	<u> </u>					
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	N DSE					
0.00 Total DSEs	0.00					
\$ First Group \$ 0.00 Gross Receipts Second Group \$	0.00					
· · · · · · · · · · · · · · · · · · ·						
\$ 0.00 Base Rate Fee Second Group \$	0.00					
ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER						
ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER	R GROUP 0					
ELEVENTH SUBSCRIBER GROUP  TWELVTH SUBSCRIBER  COMMUNITY/ AREA  COMMUNITY/ AREA	R GROUP 0					
ELEVENTH SUBSCRIBER GROUP  TWELVTH SUBSCRIBER  COMMUNITY/ AREA  COMMUNITY/ AREA	R GROUP 0					
ELEVENTH SUBSCRIBER GROUP  TWELVTH SUBSCRIBER  COMMUNITY/ AREA  COMMUNITY/ AREA	R GROUP 0					
ELEVENTH SUBSCRIBER GROUP  TWELVTH SUBSCRIBER  COMMUNITY/ AREA  COMMUNITY/ AREA	R GROUP 0					
ELEVENTH SUBSCRIBER GROUP  TWELVTH SUBSCRIBER  COMMUNITY/ AREA  COMMUNITY/ AREA	R GROUP 0					
ELEVENTH SUBSCRIBER GROUP  TWELVTH SUBSCRIBER  COMMUNITY/ AREA  COMMUNITY/ AREA	R GROUP 0					
ELEVENTH SUBSCRIBER GROUP  TWELVTH SUBSCRIBER  COMMUNITY/ AREA  COMMUNITY/ AREA	R GROUP 0					
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CABLE ONE, INC.	BLE SYSTEM:					YSTEM ID# 007417
			ASE RATE FEES FOR EACH SUBSCRIBER GROUP			
THIRTEENTI COMMUNITY/ AREA	I SUBSCRIBER GRO	GROUP FOURTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O				
- CALL CION - T DOS					T OALL CON	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs	Ш	0.00	Total DSEs		<u> </u>	0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00
	SUBSCRIBER GRO		<u> </u>		SUBSCRIBER GROU	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Ą		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	CALL SIGN			DSE	CALL SIGN	
Total DSEs	CALL SIGN	0.00	Total DSEs		CALL SIGN	0.00
Fotal DSEs	CALL SIGN				CALL SIGN	
CALL SIGN DSE  CALL SIGN DSE  Fotal DSEs  Gross Receipts Third Group  Base Rate Fee Third Group		0.00	Total DSEs	rth Group		0.00

CABLE ONE, INC.	ABLE SYSTEM:				S	YSTEM ID# 007417
	A: COMPUTATION C					
SEVENTEEN' COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	EIGHTEENTH SUBSCRIBER GROUP			
100000000000000000000000000000000000000			COMMUNITY/ ARE			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
NINTEEN	TH SUBSCRIBER GRO	OUP		TWENTIETH	H SUBSCRIBER GRO	UP
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
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
· - F	-	1		•	-	
			11			

EGAL NAME OF OWNER OF CABLE SYSTEM:  SABLE ONE, INC.  O07417						
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP						
NTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP						
COMMUNITY/ AREA	0					
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE					
0.00 Total DSEs	0.00					
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Group \$ 0.00 Gross Receipts Second Group \$						
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Group \$ 0.00 Base Rate Fee Second Group \$						
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EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417						
			TE FEES FOR EAC			
TWENTY-FIFT	H SUBSCRIBER GRO	)UP <b>0</b>	TWENTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0			
COMMUNITY/ AREA	MONITY AREA					U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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					<del>                                     </del>	
Total DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
Dana Bata Fan Firet Craye						
sase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
	H SUBSCRIBER GRO				\$ SUBSCRIBER GRO	
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TWENTY-SEVENT		DUP	TWEN	ITY-EIGHTH		UP
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP <b>0</b>
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP <b>0</b>
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP <b>0</b>
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP <b>0</b>
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP <b>0</b>
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP <b>0</b>
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP <b>0</b>
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP <b>0</b>
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP <b>0</b>
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP <b>0</b>
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP <b>0</b>
TWENTY-SEVENT COMMUNITY/ AREA  CALL SIGN DSE	H SUBSCRIBER GRO	0 0	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP <b>0</b>
TWENTY-SEVENT COMMUNITY/ AREA  CALL SIGN DSE	H SUBSCRIBER GRO	DUP  DSE	CALL SIGN	DSE	SUBSCRIBER GRO	DSE
COMMUNITY/ AREA	H SUBSCRIBER GRO	DUP  DSE  DOUB  DO	TWEN COMMUNITY/ AREA CALL SIGN  Total DSEs	DSE	SUBSCRIBER GRO	DSE O.00

CABLE ONE, INC.	BLE SYSTEM:					YSTEM ID# 007417
	: COMPUTATION C		TE FEES FOR EAC			
TWENTY-NINT COMMUNITY/ AREA	H SUBSCRIBER GRO	)UP <b>0</b>	THIRTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  0			
JUNIONI I / ANEA			COMMONTT/ ARE			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Fotal DSEs	<u> </u>	0.00	Total DSEs		П	0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
	·			•	·	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
	T SUBSCRIBER GRO		11		SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Fotal DSEs		0.00	Total DSEs	·		0.00
	\$	0.00	Total DSEs Gross Receipts Fou	irth Group	\$	0.00
Total DSEs Gross Receipts Third Group	<b>\$</b>			rth Group	\$	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417							
		OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP					
	O SUBSCRIBER GRO		THIRTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0				
COMMUNITY/ AREA				Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>						
		0.00	T		11	0.00	
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	
THIRTY-FIFT	H SUBSCRIBER GRO	)UP	Т	HIRTY-SIXTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
57.122.51.51.7	0.122 0.0.1	332	07.122.01.01.1	332	07.22 0.0.1	332	
		<b>.</b>					
Fotal DSEs		0.00	Total DSEs			0.00	
otal DSEs Gross Receipts Third Group	<b>S</b>	0.00	Total DSEs Gross Receipts Fou	irth Group	\$	0.00	
	\$			irth Group	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: SABLE ONE, INC. SYSTEM ID# 007417							
		OMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP					
	H SUBSCRIBER GRO						
COMMUNITY/ AREA		0	COMMUNITY/ ARE	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 First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
						<del></del>	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
	H SUBSCRIBER GRO				I SUBSCRIBER GRO		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					n <b></b>		
Fotal DSEs		0.00	Total DSEs			0.00	
				rth Group		_	
Fotal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

CABLE ONE, INC.	BLE SYSTEM:				S	007417	
			TE FEES FOR EAC				
	T SUBSCRIBER GRO				SUBSCRIBER GRO		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				
otal DSEs		0.00	Total DSEs	•	<del>! !</del>	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
iloss Neceipts Filst Gloup	4	0.00	Gloss Necelpls Gecc	ла Огоар	Ψ		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FORTY-THIR	D SUBSCRIBER GRO	UP	FOR	TY-FOURTH	SUBSCRIBER GRO	UP	
	D SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	
OMMUNITY/ AREA	CALL SIGN		ii .		SUBSCRIBER GRO		
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
CALL SIGN DSE		0	COMMUNITY/ AREA	4		0	
CALL SIGN DSE  CALL SIGN DSE  Total DSEs		DSE	CALL SIGN	DSE		DSE	
CALL SIGN DSE  CALL SIGN DSE  Total DSEs	CALL SIGN	DSE DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	
COMMUNITY/ AREA	CALL SIGN	DSE DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	

CABLE ONE, INC		LE SYSTEM:				S	007417	Name
I	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCE	RIBER GROUP		
		SUBSCRIBER GRO		††		H SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		, — · · · · · · · · · · · · · · · · · ·						Syndicated
								Exclusivity Surcharge
		,						for
		,						Partially
								Distant
		 						Stations
								1
								I
						····		1
								1
								I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY	-SEVENTH	SUBSCRIBER GRO	DUP	FO	RTY-EIGHTI	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								I
		H						I
								I
		_						I
								1
								I
								1
								I
								1
								I
								I
								I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the <b>base ra</b> ck 3, line 1,	te fees for each subspace L (page 7)	scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC.	CABLE SYSTEM:					007417
	A: COMPUTATION C		TE FEES FOR EAC	H SUBSCR	RIBER GROUP	
	ITH SUBSCRIBER GRO				SUBSCRIBER GRO	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
	\$	0.00	Base Rate Fee Seco		\$	0.00
FIFTY-FIF	\$ RST SUBSCRIBER GRO	OUP	FIF.	TY-SECOND	\$ SUBSCRIBER GRO	UP
FIFTY-FIF	L'			TY-SECOND		1
FIFTY-FIF OMMUNITY/ AREA	RST SUBSCRIBER GRO	OUP	FIF.	TY-SECOND		UP
FIFTY-FIF OMMUNITY/ AREA	RST SUBSCRIBER GRO	OUP <b>0</b>	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	UP <b>0</b>
FIFTY-FIF OMMUNITY/ AREA	RST SUBSCRIBER GRO	OUP <b>0</b>	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	UP <b>0</b>
FIFTY-FIF OMMUNITY/ AREA	RST SUBSCRIBER GRO	OUP <b>0</b>	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	UP <b>0</b>
FIFTY-FIF OMMUNITY/ AREA	RST SUBSCRIBER GRO	OUP <b>0</b>	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	UP <b>0</b>
FIFTY-FIF	RST SUBSCRIBER GRO	OUP <b>0</b>	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	UP <b>0</b>
FIFTY-FIF	RST SUBSCRIBER GRO	OUP <b>0</b>	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	UP <b>0</b>
FIFTY-FIF	RST SUBSCRIBER GRO	OUP <b>0</b>	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	UP <b>0</b>
FIFTY-FIF	RST SUBSCRIBER GRO	OUP <b>0</b>	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	UP <b>0</b>
FIFTY-FIF	RST SUBSCRIBER GRO	OUP <b>0</b>	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	UP <b>0</b>
FIFTY-FIF	RST SUBSCRIBER GRO	OUP <b>0</b>	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	UP <b>0</b>
FIFTY-FIF	RST SUBSCRIBER GRO	OUP <b>0</b>	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	UP <b>0</b>
FIFTY-FIF	RST SUBSCRIBER GRO	OUP <b>0</b>	FIF COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	UP <b>0</b>
CALL SIGN DSI	RST SUBSCRIBER GRO	DSE	CALL SIGN	TY-SECOND	SUBSCRIBER GRO	DSE
CALL SIGN DSE	E CALL SIGN	DSE O.00	CALL SIGN  CALL SIGN  Total DSEs	TY-SECOND A DSE	CALL SIGN	DSE DSE O.00
CALL SIGN DSE	RST SUBSCRIBER GRO	DSE	CALL SIGN	TY-SECOND A DSE	SUBSCRIBER GRO	DSE
COMMUNITY/ AREA	E CALL SIGN	DSE O.00	CALL SIGN  CALL SIGN  Total DSEs	TY-SECOND A DSE	CALL SIGN	DSE DSE O.00

LEGAL NAME OF OWN		E SYSTEM:				S	O07417	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs		·	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	•	\$	0.00	Base Rate Fee Sec		\$	0.00	
F COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP <b>0</b>	
COMMONT IT AREA			U	COMMONT 17 AREA	···			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	s above.	\$		

CABLE ONE, INC.	BLE SYSTEM:				S	YSTEM ID# 007417	Na
BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	SUBSCRIBER GRO		H .		SUBSCRIBER GRO		Ç
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Comp
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Comp
							Base F
							aı O
							Synd Excl
***************************************	+						Surc
							f
							Par
							Dis
							Stat
						0.00	
Total DSEs		0.00	Total DSEs		-	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTY-NINTH	I SUBSCRIBER GRO	UP		SIXTIETH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	n <del>-</del>						
	n <del>-</del>						
	II	0.00	Total DSEs			0.00	
Total DSEs		0.00					
	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Total DSEs Gross Receipts Third Group	\$		Gross Receipts Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007417	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
SIXT	TY-FIRST	SUBSCRIBER GRO	JP	SIXT	TY-SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
		=						for
								Partially
								Distant Stations
						H		Stations
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GRO	JP	SIXT	TY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e <b>base rat</b> 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				<u> </u>	007417	Name
5		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	SN DSE CALL SIGN DS			CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
						-		Surcharge
								for Partially
								Distant
								Stations
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
<b>Base Rate Fee:</b> Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007417	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
SIXT	Y-NINTH	SUBSCRIBER GRO	JP	SI	EVENTIETH	I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
		-						Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
SEVENT	ΓY-FIRST	SUBSCRIBER GRO	JP	SEVENT	Y-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		_						
		-						
		-						
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u>\$</u>	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e <b>base rat</b> 3, line 1, s	e fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				s	007417	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GRO	UP	9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
ONEE GIGIT	552	O/ IEE OIOIT	562	OFFICE STORY	562	ONEE STOTE	562	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
						 		for
								Partially
								Distant
								Stations
Total DSEs	·		0.00	Total DSEs	·		0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GRO	_	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_				<u> </u>		
		-				<del></del>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
			scriber group	as shown in the boxe	es above.	•		
Enter here and in blo	ock o, line 1,	space L (page /,				\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007417	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
SEVENTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O								•
			0				0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		=						Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
								for
						·		Partially
								Distant
								Stations
		••••••				•		
Total DSEs	<del>  </del>		0.00	Total DSEs		Į.	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
•	•	· ·						
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	Y-NINTH	SUBSCRIBER GROU	UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	\		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		_						
		-	······································					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e <b>base rat</b> 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC.	BLE SYSTEM:					007417
			TE FEES FOR EAC			
	T SUBSCRIBER GRO				SUBSCRIBER GRO	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		<u></u>				
		<u></u>				
otal DSEs	-11	0.00	Total DSEs		!!	0.00
	•	0.00		and Croup	¢	0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00
dase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
	SUBSCRIBER GRO				\$ I SUBSCRIBER GRO	1
				TY-FOURTH		1
EIGHTY-THIRI		DUP	EIGH"	TY-FOURTH		UP
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI	) SUBSCRIBER GRO	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GRO	UP <b>0</b>
EIGHTY-THIRI COMMUNITY/ AREA  CALL SIGN DSE	) SUBSCRIBER GRO	DUP  DSE	EIGH COMMUNITY/ AREA	DSE	I SUBSCRIBER GRO	DSE
EIGHTY-THIRI COMMUNITY/ AREA  CALL SIGN  DSE  Cotal DSEs	CALL SIGN	DUP  DSE  DOME  DO	EIGH* COMMUNITY/ AREA CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE  DSE  0.00

CABLE ONE, INC		LE SYSTEM:				S	007417	Name
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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
								İ
								1
								1
								1
Total DSEs			0.00	Total DSEs	•		0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	1
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGHTY	/-SEVENTH	SUBSCRIBER GRO	DUP	EIG	HTY-EIGHTH	SUBSCRIBER GRO	UP	İ
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
								İ
		_						1
								İ
								1
								ı
								ı
								ı
								1
								1
								ı
								İ
Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	1
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	1
Base Rate Fee: Add Enter here and in blo	the <b>base ra</b> ck 3, line 1,	te fees for each subs space L (page 7)	scriber group	as shown in the boxe	es above.	\$		

ABLE ONE, INC.	CABLE	SYSTEM:				S	YSTEM ID# 007417	Nar
				TE FEES FOR EACH				
	INTH S	UBSCRIBER GROU				SUBSCRIBER GROU		9
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Comput
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Ra
								and
								Syndic
	Н							Exclusi Surcha
	<mark>.</mark>							for
								Partia
								Dista
								Statio
otal DSEs	_		0.00	Total DSEs			0.00	
ross Receipts First Group	,	<b>i</b>	0.00	Gross Receipts Seco	nd Group	\$	0.00	
							1	
ase Rate Fee First Group	<u> </u>	<b>.</b>	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NINETY-F	IRST S	UBSCRIBER GROU	JP	NINET	Y-SECOND	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	·····							
otal DSEs			0.00	Total DSEs			0.00	
otal DSEs	-	3	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
	) <u></u>	<b>3</b>			h Group	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EAC				
NINET COMMUNITY/ AREA	Y-THIRD	SUBSCRIBER GRO	JP <b>0</b>	Ti .		I SUBSCRIBER GROU	JP <b>0</b>	9
COMMONITY AREA			<u> </u>	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		_						Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		-						
			ļ					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	TY-FIFTH	SUBSCRIBER GRO		11		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	<u>\$</u>	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e <b>base rat</b> 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.	ABLE SYSTEM:				S	007417
	A: COMPUTATION C					
	TH SUBSCRIBER GRO		ii e		SUBSCRIBER GRO	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	=					
	······					
otal DSEs		0.00	Total DSEs	•		0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00
NINETY-NIN	\$ TH SUBSCRIBER GRO	OUP	ONE H	HUNDREDTH	SUBSCRIBER GRO	UP
NINETY-NIN				HUNDREDTH		-
NINETY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP	ONE H	HUNDREDTH		UP
NINETY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN OMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN OMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP <b>0</b>	ONE I	HUNDREDTH A	I SUBSCRIBER GRO	UP <b>0</b>
NINETY-NIN COMMUNITY/ AREA  CALL SIGN DSE	TH SUBSCRIBER GRO	OUP  Out  DSE	ONE H COMMUNITY/ ARE CALL SIGN	HUNDREDTH A DSE	I SUBSCRIBER GRO	DSE
NINETY-NIN COMMUNITY/ AREA  CALL SIGN DSE	TH SUBSCRIBER GRO	OUP  DSE  O.00	ONE H COMMUNITY/ ARE CALL SIGN  Total DSEs	HUNDREDTH A DSE	CALL SIGN	DSE  DSE  0.00

CABLE ONE, INC.	STEM:			<b>S</b> `	YSTEM ID# 007417	Name
BLOCK A: COM	PUTATION OF BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FIRST SUBS	SCRIBER GROUP	Ħ	SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA	0	COMMUNITY/ AREA			0	Computati
CALL SIGN DSE CA	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						Base Rate
						and
				-		Syndicate Exclusivi
				<del> </del>		Surcharg
						for
						Partially
						Distant
						Stations
· · · · · · · · · · · · · · · · · · ·					<u></u>	
Total DSEs	0.00	Total DSEs			0.00	
Gross Receipts First Group \$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Group \$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIRD SUBS	SCRIBER GROUP	ONE HUNDREI	D FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	0	COMMUNITY/ AREA			0	
CALL SIGN DSE CA	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
10000000000000000000000000000000000000						
				-		
······································				·		
otal DSEs	0.00	Total DSEs			0.00	
<del></del>		Gross Receipts Fourth	Group	\$	0.00	
Gross Receipts Third Group \$	0.00	1				
Gross Receipts Third Group \$	0.00					

ABLE ONE, INC.	E SYSTEM:				S	YSTEM ID# 007417	Nam
BLOCK A: C	OMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FIFTH	SUBSCRIBER GROU		†		SUBSCRIBER GROU		9
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computa
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndica Exclusiv
							Surcha
							for
							Partial
							Distan
							Station
atal DCFa		0.00	Total DCFs		<b>!!</b>	0.00	
otal DSEs		0.00	Total DSEs		-	•	
ross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDR	ED EIGHTH	SUBSCRIBER GRO	JP	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					-		
					<u> </u>		
otal DSEs		0.00	Total DSEs			0.00	
otal DSEs	\$	0.00	Total DSEs Gross Receipts Fourt	th Group	\$	0.00	
	\$			th Group	\$	-	

CABLE ONE, INC		E SYSTEM:				S	007417	Name
ONE HUNDF	RED NINTH	COMPUTATION OF SUBSCRIBER GROU	JP	III .	RED TENTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED I	ELEVENTH	SUBSCRIBER GROU	JP	ONE HUNDREI	O TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	\		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 007417	Name
BL ONE HUNDRED THIR				TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUI	<b>D</b>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
						-		Stations
					<u></u>	·		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIE	TEENTH	SUBSCRIBER GROU	IP.	ONE HUNDRED S	SIXTEENTH	SUBSCRIBER GROUI	<b>D</b>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
3.122.5.5.1								
		-						
		_						
					<u></u>			
		•				•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roun	<u> </u>	0.00	Gross Receipts Fourt	h Group	<b>\$</b>	0.00	
C.555 Neocipia Tiliiu G	· Jup	<u>*</u>	0.00	C.000 Roccipio i ouri	Эгоар	*		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	007417	Name
ONE HUNDRED SEV	ENTEENTH		JP	ii —	IGHTEENTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
		SUBSCRIBER GROU		ii e		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-							
Total DSEs			0.00	Total DSEs		II.	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	6YSTEM ID# 007417	Name
E	BLOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		T I		SUBSCRIBER GROUI	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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		<u> </u>	0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU		11		SUBSCRIBER GROUI	P	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_	***					
		_						
Total DSEs			0.00	Total DSEs			0.00	
	Croun	¢	0.00		rth Craus	•	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rai Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC.	ABLE SYSTEM:				S	YSTEM ID# 007417
	A: COMPUTATION C		H			
ONE HUNDRED TWENTY-FIF	TH SUBSCRIBER GROU				SUBSCRIBER GROUF	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00
			III.			
IE HUNDRED TWENTY-SEVEN	TH SUBSCRIBER GROU	IP	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUP	)
	TH SUBSCRIBER GROU	JP <b>0</b>	ONE HUNDRED TWE		I SUBSCRIBER GROUF	0
	CALL SIGN		H		SUBSCRIBER GROUF	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
CALL SIGN DSE		0	COMMUNITY/ AREA	Α		0
CALL SIGN DSE  CALL SIGN DSE  Total DSEs  Gross Receipts Third Group		DSE	CALL SIGN	DSE		DSE

LEGAL NAME OF OWN		LE SYSTEM:				S	YSTEM ID# 007417	Name
		COMPUTATION OI SUBSCRIBER GROUE		TE FEES FOR EAC		RIBER GROUP	)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		_						Base Rate Fee
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TH		SUBSCRIBER GROUP	0	ONE HUNDRED THI		SUBSCRIBER GROUP	0	
COMMUNITY AREA				COMMONT T/ AREA			U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
T D.C			0.00	<b>.</b>			2.55	
Total DSEs	Croup	•	0.00	Total DSEs	rth Crown	•	0.00	
Gross Receipts Third	Эгоир	\$	0.00	Gross Receipts Fou	iui Gioup	Φ	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
<b>Base Rate Fee:</b> Add Enter here and in blo			criber group	as shown in the boxe	s above.	\$		

BLOCK ONE HUNDRED THIRTY-TH					_	007417
	A: COMPUTATION		TE FEES FOR EAC	CH SUBSCF	RIBER GROUP	
COMMINITY/ AREA	RD SUBSCRIBER GRO		<del>                                      </del>		H SUBSCRIBER GROUP	
OOMINIONIT IT AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
ONE HUNDRED THIRTY-FI	TH SUBSCRIBER GRO	JI ID	ONE HUNDRED	THIDTV_SIYTL	H SUBSCRIBER GROUP	<u> </u>
COMMUNITY/ AREA	TH SOBSCRIBER GRO		COMMUNITY/ ARE		1 GOBGCINBEN GROOT	
		0 DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	OUP  OUP  OUP  OUP  OUP  OUP  OUP  OUP
CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	
Fotal DSEs	CALL SIGN				CALL SIGN	
CALL SIGN DSI		0.00	Total DSEs			0.00

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				S	007417	Name
ONE HUNDRED THIR		COMPUTATION C SUBSCRIBER GROU					>	•
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					DSE CALL SIGN DSE  CALL SIGN DSE  O.00  Second Group \$ 0.00	and		
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
						•		
Total DSEs							-	
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 T	HIRTY-NINTH	SUBSCRIBER GROU	IP	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	A		0	BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  DSE CALL SIGN DSE CALL SIGN DS  O.00 Total DSEs O.00 Gross Receipts Second Group  Base Rate Fee Second Group  ONE HUNDRED FORTIETH SUBSCRIBER GROUP  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 Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
<b>Base Rate Fee:</b> Add Enter here and in bl			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				S	3YSTEM ID# 007417	Name
ONE HUNDRED		COMPUTATION O SUBSCRIBER GROU		TT.			P	0
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$			ond Group	<u> </u>	0.00	
Oroco recorpto rino	Согоар			ll cross resorpts ess	ona Oroap			
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU		11		SUBSCRIBER GROUI	_	
COMMUNITY/ ARE	A		DE CALL SIGN DSE CALL SIGN DS  ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP  ONE CALL SIGN DSE CALL SIGN DS  ONE CALL SIGN DS  ON	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bl			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				S	007417	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED I	FORTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP	Р	0
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		_						and
		_						Syndicated
								Exclusivity
								Surcharge
						-		for Partially
		_						Distant
		-						Stations
		_						
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FOR	TY-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP	P	
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNI		LE SYSTEM:				S	007417	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO		1		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge for
		<del>-</del>				<del>-  </del>		Partially
								Distant
								Stations
						• •		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	TY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							<del></del>	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN		LE SYSTEM:				S	O07417	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FI	FTY-THIRD	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-FOURTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		DUP BER GROUP  0 0 0 IGN DSE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								otationo.
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								i
								ı
Γotal DSEs		!!	0.00	Total DSEs		!!	0.00	ı
	Group	¢	0.00		and Group	<b>c</b>	•	ı
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	ı
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	l
ONE HUNDRED F	IFTY-FIFTH	SUBSCRIBER GRO	UP	Ħ		SUBSCRIBER GRO	UP	ı
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	ì
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
								ı
								ı
								ı
								ı
								i
								ı
								i
							007417  UP ER GROUP  0  0  0  0  0 0 0 0 0 0 0 0 0 0 0	ı
								i
								ı
							007417  OUP  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ı
								ı
Γotal DSEs		-	0.00	Total DSEs			0.00	ı
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	ı
								l
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$		ı

CABLE ONE, IN		E SYSTEM:				S	007417	Name
		SUBSCRIBER GROUP		it .		1 SUBSCRIBER GROUP		9
COMMUNITY/ AREA	Α		U	COMMUNITY AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
								İ
								İ
								İ
								İ
								ı
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	l
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00 0.00	
ONE HUNDRED	FIFTY-NINTH	SUBSCRIBER GROUP		ONE HUNDR	ED SIXTIETH	H SUBSCRIBER GROUP	0.00 0.00 GROUP	ı
COMMUNITY/ ARE	Α		BASE RATE FEES FOR EACH SUBSCRIBER GROUP  ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  O.00  Total DSEs  Gross Receipts Second Group  ONE HUNDRED SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	1
								İ
		-						İ
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		-						İ
								İ
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								İ
		•						İ
								ı
Total DSEs	1		0.00	Total DSEs			0.00	1
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	1
		_						İ
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	1
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:	-			S)	(STEM ID# 007417	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH				
	FIRST	SUBSCRIBER GROU	JP					0
COMMUNITY/ AREA	OCEAN	I SPRINGS, PORT	TIONS O		PASCA	GOULA, ESCATAV	NPA, POR	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
						JBSCRIBER GROUP ECOND SUBSCRIBER GROUP  ASCAGOULA, ESCATAWPA, POR  DSE	and	
					DOT417  FEES FOR EACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP  MMUNITY/ AREA PASCAGOULA, ESCATAWPA, POR  FALL SIGN  DSE  CALL SIGN  DSE  All DSE  DSE  DSE  DSS Receipts Second Group  FOURTH SUBSCRIBER GROUP  MMUNITY/ AREA  HARRISON CO (DIAMONDHEAD), C	Syndicated		
							Exclusivity	
					ACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP REA PASCAGOULA, ESCATAWPA, POR  DSE CALL SIGN DSE  CALL SIGN DSE  0.000 econd Group \$ 1,469,817.01  FOURTH SUBSCRIBER GROUP REA HARRISON CO (DIAMONDHEAD), C	Surcharge for		
							0.00 1,469,817.01 0.00	Partially
								Distant
								Stations
					<b>.</b>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<b>\$ 992</b> ,	958.12	Gross Receipts Secon	d Group	\$ 1,46	9,817.01	
<b>Base Rate Fee</b> First Gi	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	I SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	BILOXI	, HARRISON COL	INTY	COMMUNITY/ AREA	HARRIS	SON CO (DIAMONE	OHEAD), G	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	SECOND SUBSCRIBER GROUP  A PASCAGOULA, ESCATAWPA, POR  DSE CALL SIGN DSE  Back State			
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$ 1,648,	462.74	Gross Receipts Fourth	Group	\$ 2,72	21,976.52	
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	above.	\$	0.00	

ABLE ONE, INC.								
BL				TE FEES FOR EACH			LID	
OMMUNITY ARE:		SUBSCRIBER GRO		OOMAN IN LITTLY A DES			UP	9
OMMUNITY/ AREA	HANCC	OCK COUNTY (D	IAWUND	COMMUNITY/ AREA	VANCLE	EAVE		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSF	CALL SIGN	DSF	of
O/LE CIOIV	DOL	Office Grory	DOL	O/ALL GIGIT	DOL	O/ LEE GIGIN	CRIBER GROUP  LL SIGN DSE  0.00  78,993.08  0.00  CRIBER GROUP  0	Base Rate F
		_			OR EACH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP TY/ AREA  VANCLEAVE  N DSE CALL SIGN DSE  CALL SIGN DSE  0.000 ipts Second Group \$ 78,993.08  EIGHTH SUBSCRIBER GROUP TY/ AREA		and	
					ACH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP REA VANCLEAVE  DSE CALL SIGN DSE  Call SIGN DSE  Cond Group \$ 78,993.08  EIGHTH SUBSCRIBER GROUP REA		Syndicated	
					FEES FOR EACH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA  CALL SIGN  DSE  CALL SI		Exclusivity	
							Surcharge	
							for	
							Partially	
							Distant	
							Stations	
							0.00	
						•		
otal DSEs	·!		0.00	Total DCFs	· ·	<del>! !</del>	0.00	
otal DSES				Total DSES				
ross Receipts First Gr	roup	<u>\$</u> 14	,712.54	Gross Receipts Secon	d Group	\$	78,993.08	
ase Rate Fee First Gr	roun	¢	0.00	Base Rate Fee Secon	d Group	•	0.00	
<b>ase Rate Fee</b> First Gr	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	-	\$ SUBSCRIBER GRO		Base Rate Fee Secon			•	
	-			Base Rate Fee Secon  COMMUNITY/ AREA	### Subscriber Group   Sixth Subscriber Group   AREA	UP		
S	-		UP				UP	
S	-		UP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
S OMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	UP <b>0</b>	
CALL SIGN  CALL SIGN  Otal DSEs	DSE	SUBSCRIBER GRO	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROU	DSE O.00	
CALL SIGN	DSE	SUBSCRIBER GRO	UP 0 DSE	COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	
CALL SIGN  CALL SIGN  Otal DSEs	DSE	SUBSCRIBER GRO	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROU	DSE O.00	
CALL SIGN  CALL SIGN  Otal DSEs	DSE	SUBSCRIBER GRO	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROU	DSE O.00	

007417 Nam							
LIP			TE FEES FOR EACH				Bl
	SUDSCRIBER GRUU	IENIH	COMMUNITY/ AREA	ار 9	SUBSCRIBER GROU	NIINTH	COMMUNITY/ AREA
Comput			COMMONT IT TO TAKE				OOMINIONIT IT THEE
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Ra							
and							
Syndic Exclus							
Surcha							
for							
Partia							
Dista							
Statio							
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
<del></del>				1			
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
			Base Rate Fee Secon	-			
UP -				JP	\$ SUBSCRIBER GROU		El
			Base Rate Fee Secon	-			El
UP -				JP			El
UP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
UP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
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	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-NINTH	FIFT OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-NINTH	FIFT OMMUNITY/ AREA
	JP O DSE	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	FIFT OMMUNITY/ AREA  CALL SIGN
	DSE O.00	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GROU	DSE	CALL SIGN  CALL SIGN  Data DSEs
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Name	YSTEM ID# 007417	3						CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and								
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	0.00  JP	SUBSCRIBER GROU	DSE	CALL SIGN  CALL SIGN  Total DSEs	JP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	SUBSCRIBER GROU	DSE	SIX** COMMUNITY/ AREA  CALL SIGN  Total DSEs
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SIXTY-SEVE	ENTH S	SUBSCRIBER GROU	JP <b>0</b>	SIXT COMMUNITY/ AREA	Y-EIGHTH	SUBSCRIBER GROU	JP <b>0</b>	
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SIXTY-SEVE	ENTH S	SUBSCRIBER GROU	DSE	SIXT COMMUNITY/ AREA  CALL SIGN	Y-EIGHTH DSE	SUBSCRIBER GROU	JP  O  DSE	
SIXTY-SEVE	ENTH S	CALL SIGN	DSE DSE	SIXT COMMUNITY/ AREA  CALL SIGN  Total DSEs	Y-EIGHTH DSE	SUBSCRIBER GROU	DSE DSE O.000	
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Name	YSTEM ID# 007417					.E SYSTEM:		CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	Bl
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Name	YSTEM ID# 007417	S				LE SYSTEM:	R OF CABL	CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-FOURTH			SUBSCRIBER GROU	ΓY-THIRD	
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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SEVENTY-NI OMMUNITY/ AREA  CALL SIGN DS  contail DSEs	INTH :	CALL SIGN	DSE DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROU	DSE O.00	
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leas Data Fas First Over		0.00	Bass Bats For Consu	d C		0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon		\$	0.00	
EIGHTY-THIR	D SUBSCRIBER GRO	UP	EIGHT	/ FOUDTU	OUDCODIDED ODG		
O			Ti .	Y-FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0	
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Name	YSTEM ID# 007417	S`						CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
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	0.00	\$	d Group	Base Rate Fee Secon	JP			EIGHTY-S
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	0.00  JP	\$ I SUBSCRIBER GROU	d Group  Y-EIGHTH  DSE	EIGHT COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE O.000	SUBSCRIBER GROU	DSE	EIGHTY-S COMMUNITY/ AREA  CALL SIGN  Total DSEs
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Name	YSTEM ID# 007417					E STSTEWI.		CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	NINTIETH			SUBSCRIBER GROU	ΓY-NINTH :	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon  NINETY  COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	NINE
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Name	YSTEM ID# 007417							CABLE ONE, INC.
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9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	JP <b>0</b>	SUBSCRIBER GROU	NDREDTH	ONE HU	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	NINE <sup>-</sup> COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	NDREDTH	ONE HU	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	NINE <sup>-</sup> COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	NDREDTH	ONE HU	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	NINE <sup>-</sup> COMMUNITY/ AREA
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	JP <b>0</b>	SUBSCRIBER GROU	NDREDTH	ONE HU	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	NINE <sup>-</sup> COMMUNITY/ AREA
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	JP <b>0</b>	SUBSCRIBER GROU	NDREDTH	ONE HU	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	NINE <sup>-</sup> COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	NDREDTH	ONE HU	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	NINE <sup>-</sup> COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	NDREDTH	ONE HU	JP <b>0</b>	SUBSCRIBER GROU	ΓΥ-NINTH	NINE <sup>-</sup> COMMUNITY/ AREA
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	JP <b>0</b>	SUBSCRIBER GROU	FOURTH	ONE HUNDRED	JP <b>0</b>	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
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	JP <b>0</b>	SUBSCRIBER GROU	FOURTH	ONE HUNDRED	JP <b>0</b>	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
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Name	YSTEM ID# 007417	S				.E OTOTEWI.	R OF CABL	LEGAL NAME OF OWNE  CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ED SIXTH			SUBSCRIBER GROU	ED FIFTH :	
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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007417 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007417 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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