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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2019/2										
B Owner	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit as single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC.										
				00771120192							
				007711 2019/2							
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626										
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•									
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT										
	MAILING ADDRESS OF CABLE SYSTEM: 261 EASTLAND DRIVE (Number, street, rural route, apartment, or suite number) TWIN FALLS, ID 83301 (City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and i	relist on page 1b							
Area Served	with all communities. CITY OR TOWN	STATE									
First	TWIN FALLS	ID									
Community	Below is a sample for reporting communities if you report multiple ch	lannel line-ups in	Space G.								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#							
Sample	Alda	MD	Α	1							
	Alliance	MD	В	2							
	Gering	MD	В	3							

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

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

FORM SA3E. PAGE 1b. **SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: 007711 CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN **STATE** CH LINE UP SUB GRP# **TWIN FALLS** ID **First BUHL** ID Community **BURLEY** ID **CASSIA COUNTY** ID **FILER** ID **GOODING** ID See instructions for **GOODING COUNTY** ID additional information on alphabetization. **HAGERMAN** ID ID **HANSEN HEYBURN** ID **JEROME** ID Add rows as necessary. **JEROME COUNTY** ID ID **KIMBERLY MINIDOKA COUNTY** ID **PAUL** ID RUPERT ID SHOSHONE ID TWIN FALLS COUNTY ID **WENDELL** ID LINCOLN COUNTY ID

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007711

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOCK 2			
	NO. OF			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	4,839	\$	40.00	Ш			
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
 Residential 							
 Non-residential 							
		†···		1 "			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2						
CATEGORY OF SERVICE	R	RATE	CATEGORY OF SERVICE	F	CATEGORY OF SERVICE	RATE	
Continuing Services:			Installation: Non-residential				
• Pay cable	15.0	0-17.00	Motel, hotel			TIER	\$ 44.00
 Pay cable—add'l channel 			Commercial				
 Fire protection 			• Pay cable				
Burglar protection			 Pay cable-add'l channel 	Pay cable-add'l channel			
Installation: Residential			Fire protection			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
First set	\$	90.00	Burglar protection				
Additional set(s)	\$	30.00	Other services:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
 FM radio (if separate rate) 			Reconnect	\$	90.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
 Converter 			Disconnect)11111111111111111111111111111111111111	
			Outlet relocation	\$	60.00		
			 Move to new address 				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007711 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) KIPT-DT1 22 Ε TWIN FALLS, ID No KIPT-DT2 22 E-M No TWIN FALLS, ID See instructions for additional information KIPT-DT3 **22** E-M No TWIN FALLS, ID on alphabetization. KIPT-DT4 **22** E-M TWIN FALLS, ID No KMVT-DT1 11 Ν No TWIN FALLS, ID KMVT-DT2 58 I-M No TWIN FALLS, ID KSAW-LD TWIN FALLS, ID 15 Ν No KSVT-LD 14 ı No TWIN FALLS, ID KTFT-LD 20 N TWIN FALLS, ID No KXTF-HD 35 Ν No TWIN FALLS, ID

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007711	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
_	6.61(e)(2) and ((4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:	
Substitute Basis S	Stations: With	respect to an	y distant station	s carried by your	cable system on a substitute program	Television	
basis under specifc FC				o Special Statem	ent and Program Log)—if the		
station was carried			st it iii space i (ii	ie opeciai otatem	ient and Program Log/—ii the		
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
		-			es such as HBO, ESPN, etc. Identify		
			•	•	ation. For example, report multi- ch stream separately; for example		
WETA-simulcast).			•	,	tion for broadcasting over-the-air in		
			nannel 4 in Was	hington, D.C. This	s may be different from the channel		
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommercial		
	•	•	, .	•	cast), "I" (for independent), "I-M"		
For the meaning of the	, .		, .	,	ommercial educational multicast). he paper SA3 form.		
Column 4: If the st	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-		
planation of local servi					e paper SA3 form. stating the basis on which your		
-			•	•	tering "LAC" if your cable system		
carried the distant stat	•				· · ·		
					y payment because it is the subject stem or an association representing		
_				•	ary transmitter, enter the designa-		
					ther basis, enter "O." For a further		
					ed in the paper SA3 form. by to which the station is licensed by the		
					h which the station is identifed.		
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.		
	_	CHANN	EL LINE-UP	AB			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL		(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
						1	
						1	
						•	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007711	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience carriage of cert	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television
	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.						
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						
		CHANN	EL LINE-UP	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	
			•			

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				007711	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 70 substitute program ba	6.61(e)(2) and (sis, as explaine	(4), or 76.63 (ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc Fo	CC rules, regulant here in space	ations, or auth G—but do lis	norizations:		ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located	
Column 1: List each multicast stream	ch station's call associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
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.						
FCC. For Mexican or Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	h which the station is identifed. n channel line-up.	
	<u> </u>	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	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007711 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007711 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Nesses	
CABLE ONE, IN	NC.				007711	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary	
substitute program bas Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: Television	
basis under specifc FC				no Special Statem	cont and Program Log) if the		
• 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.							
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		•			es such as HBO, ESPN, etc. Identify ation. For example, report multi-		
cast stream as "WETA WETA-simulcast).	\-2". Simulcast	streams mus	st be reported in	column 1 (list eac	ch stream separately; for example		
			•		tion for broadcasting over-the-air in smay be different from the channel		
on which your cable sy	stem carried tl	ne station.			•		
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
(for independent multion for the meaning of the	, .		, .	,	commercial educational multicast).		
					es". If not, enter "No". For an ex-		
planation of local servi					e paper SA3 form. stating the basis on which your		
cable system carried to	he distant stati	on during the	accounting peri	od. Indicate by en	tering "LAC" if your cable system		
carried the distant stat	•				capacity. y payment because it is the subject		
					stem or an association representing		
_			•	• .	ary transmitter, enter the designa- ther basis, enter "O." For a further		
explanation of these th	ree categories	, see page (v) of the general	instructions locate	ed in the paper SA3 form.		
					y to which the station is licensed by the hybrid which the station is identifed.		
Note: If you are utilizing							
		CHANN	EL LINE-UP	AG			
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)			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007711	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television
	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
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each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
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		CHANN	EL LINE-UP	AH		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007711	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
_	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:	
Substitute Basis S	Stations: With	respect to an	y distant station	s carried by your	cable system on a substitute program	Television	
basis under specifc FC				o Special Statem	ent and Program Log)—if the		
station was carried	•		st it iii space i (ii	ie opeciai otatem	ient and Program Log/—ii the		
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		-			es such as HBO, ESPN, etc. Identify		
			•	•	ation. For example, report multi- ch stream separately; for example		
WETA-simulcast).			•	,	tion for broadcasting over-the-air in		
			nannel 4 in Was	hington, D.C. This	s may be different from the channel		
	e in each case	whether the s			ependent station, or a noncommercial		
	•	•	, .	•	cast), "I" (for independent), "I-M"		
For the meaning of the	, .		, .	,	commercial educational multicast). The paper SA3 form.		
Column 4: If the st	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-		
planation of local servi							
-			•	•	stating the basis on which your tering "LAC" if your cable system		
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	capacity.		
					y payment because it is the subject		
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					ed in the paper SA3 form.		
					ty to which the station is licensed by the handle handle had been been been been the station is identified.		
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	Al			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
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				•			
						-	

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	Canadian statio	ons, if any, giv	e the name of t	he community with	y to which the station is licensed by the n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007711 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007711 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007711	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television
 basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 						
 List the station here, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel	
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 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, gi						
		CHANN	EL LINE-UP	AN		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007711	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television
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 List the station here, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel	
educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local serve Column 5: If you he cable system carried to carried the distant state. For the retransmiss of a written agreement the cable system and stion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Column 6: If you are utilizing 1. CALL	e in each case of entering the lecast), "E" (for notes terms, see partion is outside itee area, see partion on a part-tipo on a part-tipo on a primary transismulcasts, also ince categories e location of each canadian station on a multiple characteristics.	whether the setter "N" (for noncommercial page (v) of the ethe local servage (v) of the es" in column on during the me basis bect multicast strong or before Jumitter or an accenter "E". If see page (vach station. Foons, if any, givennel line-ups, CHANN 3. TYPE	etwork), "N-M" (all educational), or egeneral instruction (i.e. "general in	(for network multidor "E-M" (for noncontions located in the distant"), enter "Yestions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable system of the community with space G for each AO 5. BASIS OF	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)	o. 200/mon of 01/mon	

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				007711	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G
•				•	tain network programs [sections and (2) certain stations carried on a	Primary
substitute program ba	sis, as explaine	ed in the next	paragraph.		• •	Transmitters:
Substitute Basis Substi				s carried by your	cable system on a substitute program	Television
•				ne Special Statem	ent and Program Log)—if the	
station was carried	•		-4'	المحالية عالم عالم	ituta basis and also an associate a	
-	nformation con				itute basis and also on some other of the general instructions located	
		•			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			·	,		
			-		tion for broadcasting over-the-air in	
on which your cable sy			nannei 4 in vvas	nington, D.C. This	s may be different from the channel	
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial	
-	-	•	,	•	cast), "I" (for independent), "I-M"	
For the meaning of the	, .		, .	,	commercial educational multicast). the paper SA3 form.	
Column 4: If the st	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local serv					e paper SA3 form. stating the basis on which your	
· ·			•	•	tering "LAC" if your cable system	
carried the distant stat	tion on a part-ti	me basis bec	ause of lack of	activated channel	capacity.	
					y payment because it is the subject stem or an association representing	
_				•	ary transmitter, enter the designa-	
					ther basis, enter "O." For a further	
					ed in the paper SA3 form. by to which the station is licensed by the	
					h which the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AP]
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION	, ,	(If Distant)		
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LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				007711	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G	
•				•	tain network programs [sections and (2) certain stations carried on a	Primary	
substitute program bas				s carried by your	cable system on a substitute program	Transmitters: Television	
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 station was carried 	•		st it in space I (th	ne Special Statem	ent and Program Log)—if the		
• List the station here,	and also in spanformation con	ace I, if the st			itute basis and also on some other of the general instructions located		
Column 1: List eac	ch station's call	•			es such as HBO, ESPN, etc. Identify		
			•	•	ation. For example, report multi- ch stream separately; for example		
WETA-simulcast).	e channel num	her the FCC	has assigned to	the television sta	tion for broadcasting over-the-air in		
its community of licens	se. For exampl	e, WRC is Ch	-		s may be different from the channel		
on which your cable sy Column 3: Indicate			station is a netwo	ork station, an ind	ependent station, or a noncommercial		
educational station, by	entering the le	etter "N" (for n	network), "N-M"	(for network multi	cast), "I" (for independent), "I-M"		
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cable system carried t carried the distant stat		-		•	stering "LAC" if your cable system		
For the retransmiss	sion of a distan	t multicast str	eam that is not	subject to a royalt	y payment because it is the subject		
_				•	stem or an association representing ary transmitter, enter the designa-		
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any c	ther basis, enter "O." For a further		
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Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AQ			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NOMBLK	STATION		(II Distant)			
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LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007711	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:	
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basis under specifc FC				o Special Statem	ent and Program Log)—if the		
station was carried	•		st it iii space i (ii	ie opeciai otatem	ient and Program Log/—ii the		
	nformation cond				itute basis and also on some other of the general instructions located		
		-			es such as HBO, ESPN, etc. Identify		
			•	•	ation. For example, report multi- ch stream separately; for example		
WETA-simulcast).			•	,	tion for broadcasting over-the-air in		
_			nannel 4 in Was	hington, D.C. This	s may be different from the channel		
	e in each case	whether the s			ependent station, or a noncommercial		
	•	•	, .	•	cast), "I" (for independent), "I-M"		
For the meaning of the	, .		, .	,	commercial educational multicast). The paper SA3 form.		
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planation of local servi					e paper SA3 form. stating the basis on which your		
_			•	•	tering "LAC" if your cable system		
carried the distant stat					•		
					y payment because it is the subject stem or an association representing		
_				•	ary transmitter, enter the designa-		
					other basis, enter "O." For a further		
					ed in the paper SA3 form. by to which the station is licensed by the		
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	e the name of t	he community wit	h which the station is identifed.		
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	n channel line-up.]	
	,	CHANN	EL LINE-UP	AR			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL		(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)		4	
						"	
						_	
						"	
						_	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007711 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AS 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				007711	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G	
76.59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	tain network programs [sections and (2) certain stations carried on a	Primary	
substitute program ba Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: Television	
basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the							
station was carried	•		st it in space i (tr	ie Speciai Statem	ent and Program Log)—II the		
	nformation con				itute basis and also on some other of the general instructions located		
Column 1: List each	ch station's call	•			es such as HBO, ESPN, etc. Identify ation. For example, report multi-		
cast stream as "WETA			•	•	ch stream separately; for example		
WETA-simulcast). Column 2: Give th	e channel num	ber the FCC	has assigned to	the television sta	tion for broadcasting over-the-air in		
its community of licens	se. For exampl	e, WRC is Ch	-		s may be different from the channel		
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommercial		
-	-	•	,	•	cast), "I" (for independent), "I-M"		
For the meaning of the	ese terms, see	page (v) of th	ne general instru	ctions located in t			
Column 4: If the st planation of local serv					es". If not, enter "No". For an ex-		
Column 5: If you h	ave entered "Y	es" in columr	1 4, you must co	mplete column 5,	stating the basis on which your		
cable system carried t carried the distant stat		-		•	tering "LAC" if your cable system capacity.		
For the retransmiss	sion of a distan	t multicast str	eam that is not	subject to a royalt	y payment because it is the subject		
_				-	stem or an association representing ary transmitter, enter the designa-		
					other basis, enter "O." For a further		
					ed in the paper SA3 form. by to which the station is licensed by the		
				•	h which the station is identifed.		
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AT			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NOMBER	OTATION		(II Distant)			
						•	
						•	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				007711	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television
 basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 						
 List the station here, basis. For further in in the paper SA3 for 	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in may be different from the channel	
on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						
		CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				007711	Name	
PRIMARY TRANSMITT	ERS: TELEVISI	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G	
76.59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	tain network programs [sections and (2) certain stations carried on a	Primary	
substitute program bas Substitute Basis \$				s carried by your	cable system on a substitute program	Transmitters: Television	
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the							
station was carried	only on a subs	titute basis.	. ,	·			
-	nformation con				itute basis and also on some other of the general instructions located		
		•			es such as HBO, ESPN, etc. Identify ation. For example, report multi-		
cast stream as "WETA			•	•	ch stream separately; for example		
			-		tion for broadcasting over-the-air in		
its community of licens on which your cable sy			nannel 4 in Was	hington, D.C. This	s may be different from the channel		
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
(for independent multi-	cast), "E" (for r	oncommercia	al educational),	or "E-M" (for nonc	commercial educational multicast).		
For the meaning of the Column 4: If the st					the paper SA3 form. es". If not, enter "No". For an ex-		
planation of local serv	ice area, see p	age (v) of the	general instruc	tions located in th			
cable system carried t	he distant stati	on during the	accounting peri	od. Indicate by en	tering "LAC" if your cable system		
carried the distant stat	•				capacity. y payment because it is the subject		
of a written agreement	t entered into o	n or before J	une 30, 2009, be	etween a cable sy	stem or an association representing		
_					ary transmitter, enter the designa- other basis, enter "O." For a further		
explanation of these th	ree categories	s, see page (v) of the general	instructions locate	ed in the paper SA3 form.		
					ty to which the station is licensed by the handle had been been the station is identifed.		
Note: If you are utilizing				-			
		CHANN	EL LINE-UP	AV			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL		(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
]	
						1	
						1	
						1	
						1	
						1	
	•			•		1	

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Marra
CABLE ONE, II	NC.				007711	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G
•				•	tain network programs [sections and (2) certain stations carried on a	Primary
substitute program ba	sis, as explaine	ed in the next	paragraph.		• •	Transmitters:
Substitute Basis Substi				s carried by your	cable system on a substitute program	Television
•				ne Special Statem	ent and Program Log)—if the	
station was carried	•		-4'	المحالية عالم عالم	ituta basis and also an associate a	
-	nformation con				itute basis and also on some other of the general instructions located	
		•			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			·	,		
			-		tion for broadcasting over-the-air in	
on which your cable sy			nannei 4 in vvas	nington, D.C. This	s may be different from the channel	
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial	
-	-	•	,	•	cast), "I" (for independent), "I-M"	
For the meaning of the	, .		, .	,	commercial educational multicast). the paper SA3 form.	
Column 4: If the st	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local serv					e paper SA3 form. stating the basis on which your	
· ·			•	•	tering "LAC" if your cable system	
carried the distant stat	tion on a part-ti	me basis bec	ause of lack of	activated channel	capacity.	
					y payment because it is the subject stem or an association representing	
_				•	ary transmitter, enter the designa-	
					other basis, enter "O." For a further	
					ed in the paper SA3 form. by to which the station is licensed by the	
					h which the station is identifed.	
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AW]
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION	, ,	(If Distant)		
						'
						'
						'
	l	1				1

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007711 CABLE ONE, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

LEGAL NAME OF OWNER OF CABLE ONE, INC.	CABLE SYST	ГЕМ:				SYSTEM ID# 007711	Name
SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every no	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former Fo	a distant stat CC rules, regi	ulations, or authorization	s. For a further	Substitute
SPECIAL STATEMENT During the accounting perbroadcast by a distant state Note: If your answer is "Note in block?"	riod, did you tion?	ır cable systen	n carry, on a substitute bas	•	Yes	XNo	Carriage: Special Statement and Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, of the state of the	am on a separa attach addition nnetwork televion and that your authorization of use general BA Basketball: deast live, enterstation broadcon's location (tons, if any, the when your system of a program carrolisted program ons in effect designation additional carrollisted program ons in effect designation and the second of the second carrollisted program carrollisted program ons in effect designation and the second carrollisted program carrollisted program ons in effect designation and the second carrollisted program carrollisted program carrollisted program ons in effect designation and the second carrollisted program carrollisted p	nal pages. vision program (substitute pour cable system substitute as. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "lasting the substitute programe to community to which the community with which the stem carried the substitute or gram was carried by your ried by a system from 6:01 in was substituted for programing the accounting perior	orogram) that ed for the proneral instructor "basketball No." am. e station is lice station is lice station is lice program. Us cable system 15 p.m. to 6: amming that d; enter the lice under FCC	t, during the accounting gramming of another states ions located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the month of the country of the times accurated 28:30 p.m. should be your system was requiretter "P" if the listed pro-	eation er onth ely ed	
	UBSTITUT	E PROGRAM 3. STATION'S			IAGE OCCURRED	7. REASON FOR DELETION	
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO — — — — —		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007711 CABLE ONE, INC. **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
CA	BLE ONE, INC.		007711	
Inst all a (as	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmissio	on 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 gi	1,144,478.69	
COPY Instru • Con • Con • If your feer	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the and from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.	nount of the minin	num	L Copyright Royalty Fee
	ort 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on line	1 of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered on line 2 i	n block	
	ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	uld be entered on	line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064			
	Enter the result here.			
	This is your minimum fee.	\$	12,177.25	
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. 	nn 4, you must ch	eck	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	<u>-</u>	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	12,177.25	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under
	Line 3. 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	\$	12,902.25	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (separal instructions located in the paper SA3 form for more information.)	See page (i) of the	e	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 007711								
	CABLE ONE, INC.									
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Gildillicis	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to	ted er Name EMERSON YEARWOOD Telephone 602-364-6195									
Be Contacted for Further Information										
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)									
	PHOENIX, AZ 85012-2626 (City, town, state, zip)									
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	m								
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]									
	/s/ Raymond Storck									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the 'button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	"F2"								
	Typed or printed name: RAYMOND STORCK									
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)									
	Date: February 28, 2020									

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

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

	YSTEM ID#	Name				
CABLE ONE, INC.	007711					
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 transmission made by satellite carriers to satellite dish owners?	s					
X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment for an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	nt.	Q				
Line 1 Enter the amount of late payment or underpayment		Interest Assessment				
Line 2 Multiply line 1 by the interest rate* and enter the sum here						
Line 3 Multiply line 2 by the number of days late and enter the sum here	days					
x 0.00274	ŀ					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_					
(interest char	rge)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance plea contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	se					
** 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.	al					
Owner Address						
First community served Accounting period						
ID number						

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

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST							
I	CABLE ONE, INC. 00771							
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	0.00						
2 Computation of DSEs for	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). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompassion advantage attains a give the DSE as "25".							
Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as necessary.								
Remember to copy all formula into new rows.								
				•				
				•				
	L			.		l		

			=
	I		

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

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						S	SYSTEM ID#
Name	CABLE ONE, INC.							007711	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: Lis Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	ructions: CAPACITY Jumn 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This e 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 arried 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, 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 decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper							
Capacity		C	ATEGORY LA	AC STATIONS:	COMPUTAT	ION OF D	SEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE		5. TYPE VALUE	6. DS	}E
			÷		=	Х		=	
			<u> </u>		=	X		=	
			÷ ÷		=	x		=	
			÷			^			
			÷		=	×		=	
			÷		=	х		=	
			÷		=	х		=	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of page		ule,	▶		0.00		
Computation of DSEs for Substitute-Basis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted								
		SU	BSTITUTE-BA	SIS STATION	IS: COMPUTA	ATION OF	DSEs		
1. CALL SIGN		2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUN OF PRO	MBER DGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		<u>.</u>		=			÷		=
							÷		=
				=			÷		_
		÷					÷		
									_
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS:	ule,			0.00		
5		ER OF DSEs: Give the ames applicable to your system		es in parts 2, 3, and	d 4 of this schedu	le and add the	em to provide t	the total	
Total Number	1. Number of DSEs from part 2 ● ▶								
of DSEs	2. Number o	f DSEs from part 3 ●				<u></u>		0.00	
	3. Number of DSEs from part 4 ● ▶ 0.00								
	TOTAL NUMBE	R OF DSEs					<u> </u>		0.00

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

LEGAL NAME OF OWNER OF CABLE SYST	ТЕМ:					S	YSTEM ID#	Nama
CABLE ONE, INC.							007711	Name
Instructions: Block A must be complete In block A:								•
 If your answer if "Yes," leave the remain schedule. 	nder of part	t 6 and part 7	of the DSE sched	lule blank and	complete part	8, (page 16) of th	е	6
If your answer if "No," complete blocks								Communitation of
			TELEVISION MA					Computation of 3.75 Fee
Is the cable system located wholly outside effect on June 24, 1981? Yes—Complete part 8 of the scheme.						CC rules and regul	lations in	
No—Complete blocks B and C be	elow.							
	DI 001	/ D. OADD		AITTED DO	Г-			
Only man 4			IAGE OF PERM					
Column 1: List the call signs of control call SIGN and call signs of control call signs of cal	l regulations SE Schedu	s prior to June le. (Note: The	e 25, 1981. For fur e letter M below re	ther explanati	on of permitted	d stations, see the		
Column 2: Enter the appropriate BASIS OF (Note the FCC rules a PERMITTED A Stations carried por CARRIAGE 76.61(b)(c)] B Specialty station as C Noncommerical ed	and regulat ursuant to t is defined ir	ions cited be he FCC marl n 76.5(kk) (76	low pertain to thos ket quota rules [76 6.59(d)(1), 76.61(e)	e in effect on .57, 76.59(b),)(1), 76.63(a)	June 24, 1981, 76.61(b)(c), 76, 76, 76, 76, 76, 76, 76, 76, 76, 76	6.63(a) referring to	0	
D Grandfathered sta instructions for DS E Carried pursuant to *F A station previous G Commercial UHF s M Retransmission of	ation (76.65) SE schedule to individual asly carried station with) (see paragre). waiver of FC on a part-time in grade-B co	caph regarding sub CC rules (76.7) e or substitute bas ontour, [76.59(d)(5	stitution of gra	andfathered sta e 25, 1981)]	
Column 3: List the DSE for each *(Note: For those sta this schedule to deter	ations identi	fied by the le	-			rksheet on page 1	4 of	
1. CALL 2. PERMITTED 3. SIGN BASIS	. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
						•		
							0.00	
	BL	OCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the total number of DSE	·						-	
Line 2: Enter the sum of permitted DS	oes from I	DIOCK R SDO	ve				-	
Line 3: Subtract line 2 from line 1. Th (If zero, leave lines 4–7 blank			•		ate.		0.00	
Line 4: Enter gross receipts from spa	ace K (pag	e 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply line 4 by 0.0375 and 6	enter sum	here						partially permited/ partially nonpermitted
Line 6: Enter total number of DSEs fr						X		carriage?
	rom line 3						-	If yes, see part 9 instructions.

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

Name	CABLE ONE, IN		STEM:						5	**************************************
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prior Column 1: List the or Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Form A—Part-time spin 76.59 B—Late-night prin 76.61 S—Substitute car gener Column 5: Indicate in block	or to June 25, 198 call sign for each of the DSE for this state accounting petthe basis of carriac callty programming (d)(1),76.61(e)(1) cogramming: Carriage under certical instructions in the station's DSE et the DSE figures information you getting the station of public carriage under certical instructions in the station of public carriage under certical instructions in the station of public carriage under certical instructions in the station of public carriage under certical instructions in the station of public carriage under certical carriage under	1, under former distant station in station for a single riod and year in age on which the ulations cited being: Carriage, of or 76.63 (referriage under FCC ain FCC rules, he paper SA3 for the current listed in columnart 6 for this statice in columns are columns are columns at the columns are columns.	r FCC rules gover dentifed by the legle accounting per members of the station was called per per table. The station was called to the station was called per table. The station was called the station was called the station was called the station.	ernii ette erio iage arrie nose sis, (1)). 76.	ntifed by the letter "F" ing part-time and substreen in column 2 of part, occurring between and DSE occurred (and by listing one of the in effect on June 24 of specialty programs. 59(d)(3), 76.61(e)(3), orizations. For further as computed in parts the smaller of the two accurate and is subjective.	stitute carria art 6 of the January 1 e.g., 1981/ e following I , 1981.) ming under , or 76.63 (i r explanation 2, 3, and 4 figures her	age.) DSE schedule, 1978 and Jur. 1). etters: FCC rules, sereferring to on, see page (v.) of this schedule.	ections of the le. should be	81. e entered
		PERMITTED	DSE FOR STA	TIONS CARRIE	DΛ	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRIOR		COUNTING		4. BASIS OF		RESENT	6. PI	ERMITTED
	SIGN	DSE	PI	ERIOD		CARRIAGE	ı	DSE		DSE

7 Computation	Instructions: Block A In block A: If your answer is	·		below.						
of the	•	•			part	8 of the DSE schedu	ıle.			
Syndicated			BLOCk	CA: MAJOR	TEI	LEVISION MARKI	ET			
Exclusivity										
Surcharge	Is any portion of the c Yes—Complete	cable system withi blocks B and C .	n a top 100 majı	or television maı		as defned by section 7 X No—Proceed to		rules in effect	June 24,	1981?
	BLOCK B: Ca	arriage of VHF/Gr	ade B Contour	Stations		BLOCK	C: Compu	itation of Exem	not DSEs	
	Is any station listed in commercial VHF stati or in part, over the ca	block B of part 6 on that places a g	the primary stre	eam of a	n	Vas any station listed ity served by the cablo former FCC rule 76.	in block B le system p	of part 7 carrie	ed in any	commu-
	Yes—List each st	tation below with its and proceed to part		mitted DSE		Yes—List each sta X No—Enter zero ar			ate permit	ted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIC	SN	DSE
							-			
							-	-		
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 007711	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,144,478.69	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	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	0.00	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?	<u> </u>	
	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		
	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		

CABLE ONE, INC.	R OF CABLE	E SYSTEM:					007711	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
			<u> </u>					Distant
								Stations
Total DSEs			0.00	Total DSEs			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	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>"</u>					
			<u> </u>					
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	·P	-			J.	<u>-</u>	3.50	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	above.	\$	0.00	

		DED ODOLID	CLIDOOD	TE EEEO EOO EAOU	- DAGE DA	COMPLIENTION	001/ 1	_
	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		SUBSCRIBER GROU		В
9 Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						0.122.01011		
and						-		
Syndica								***************************************
Exclusiv					<u>_</u>			
Surchar			-					
for								
Partiali Distan			-					
Station								
o tation								
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	ross Receipts First Gr
		<u>*</u>						,
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gr
	Р	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GROU	SEVENTH	(
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		<u> </u>						

	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	
		\$			0.00	\$		otal DSEs fross Receipts Third G

		BED COULD	SHESCOIL	TE FEES FOR EACH	BASEDA			וח
	P	SUBSCRIBER GROU		TE FEES FOR EACH		SUBSCRIBER GROU		Di
9 Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv						-		
Surchar								
for Partiall								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	_							
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	P	SUBSCRIBER GROU	TWELVTH		IP	SUBSCRIBER GROU	.EVENTH	EL
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00	_		Total DSEs	0.00	ı		otal DSEs
			0					
	0.00	\$	Group	Gross Receipts Fourth	0.00	a	oup	ross Receipts Third Gi
	1.1	i						

		DED 65.000	01:			00145-1-1-1-1-1		
	ı _P	BER GROUP SUBSCRIBER GROU		ATE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9 Compute	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv								
Surchar								
for								
Partial Distan								
Station								
o.ao.								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	oup	ross Receipts First Gr
			·	·			·	·
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gr
	P	SUBSCRIBER GROU	SIXTEENTH	1	JP	SUBSCRIBER GROU	TEENTH	FII
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
					4			
	0.00			Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourt	0.00	\$	oup	
		\$			0.00	\$	·	Fotal DSEs Gross Receipts Third G Base Rate Fee Third G

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S\	O07711	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVE	NTEENTH	SUBSCRIBER GROU	JP	EIG	HTEENTH	SUBSCRIBER GROUP	P	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
						_		Surcharge
								for
						_		Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
							_	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NII	NTEENTH	SUBSCRIBER GROU	JP	TV	WENTIETH	SUBSCRIBER GROUP	Þ	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
•	•				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	oove.	\$		
or hore and in block	J, III I, J	paco = (pago 1)				•		

CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	98TEM ID# 007711	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIRST	SUBSCRIBER GROU	JP	TWENT	Y-SECOND	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
						_		and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWFN ⁻	TY-THIRD	SUBSCRIBER GROU	IP	TWENT	Y-FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA		CODECKIDEN CINCO	0	COMMUNITY/ AREA		- COBOONIBEN ONCO	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
Total DSEs	1		0.00	Total DSEs			0.00	
	rous	¢			Crous			
Gross Receipts Third G	roup	,	0.00	Gross Receipts Fourth	і Стоир	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				П				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

			01100001	TE FEES FOR FACE	DACEDA			
						COMPUTATION O		
9		SUBSCRIBER GROU	NTY-SIXTH			SUBSCRIBER GRO	ITY-FIFTH	
Computati	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and		-						
Syndicate								
Exclusivi Surcharg								
for								
Partially								
Distant								
Stations								
		-						
_								
	0.00			Total DSEs	0.00	,		otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Bross Receipts First Gr
. 1	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	·	Gross Receipts Secon		\$	·	Gross Receipts First Gr
] =	0.00		d Group	Base Rate Fee Secon	0.00	\$ \$ SUBSCRIBER GRO	roup	a se Rate Fee First Gr
] = -	0.00 0.00 ER GROUP	\$	d Group	Base Rate Fee Secon	0.00		roup	a se Rate Fee First Gr
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-] 	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup SEVENTH	TWENTY-SOMMUNITY/ AREA
-] 	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	roup SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GRO	SEVENTH	TWENTY-SOMMUNITY/ AREA
	O.00 P OSE	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWEN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	SEVENTH	TWENTY-S COMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	d Group TY-EIGHTH DSE	TOTAL DSES	0.00 DSE 0.00	SUBSCRIBER GRO	DSE	TWENTY-S COMMUNITY/ AREA CALL SIGN Cotal DSEs
	O.00 P OSE	\$ SUBSCRIBER GROU	d Group TY-EIGHTH DSE	Base Rate Fee Secon TWEN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	TWENTY-S COMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU CALL SIGN	d Group TY-EIGHTH DSE	TOTAL DSES	0.00 DSE 0.00	CALL SIGN	DSE	TWENTY-S COMMUNITY/ AREA CALL SIGN Cotal DSEs

CABLE ONE, IN	C.						007711	Name
				ATE FEES FOR EAC				
		I SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	о. о а. _р	_			она отоар	<u>*</u>		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	HIRTY-FIRST	SUBSCRIBER GRO	DUP	THIF	RTY-SECONE	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA	4		0	COMMUNITY/ ARE	A		0	
							0.00 0.00 0.00 R GROUP	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			0.00	T			0.00	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
			scriber group	as shown in the boxes	s above.	\$		
inter here and in blo	ock 3, line 1, s	space L (page 7)				\$		

Name	007711							
				TE FEES FOR EACH				
9	P 0	SUBSCRIBER GROU	/-FOURTH		JP 0	SUBSCRIBER GROU	TY-THIRD	
Computati	U			COMMUNITY/ AREA	U			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			-					
Syndicate Exclusivi			-					
Surcharg								
for			-					
Partially								
Distant			-					
Stations								
	0.00			Total DSEs	0.00			otal DSEs
	0.00							
	0.00					er e		
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	roup	Gross Receipts First G
	0.00	\$		Gross Receipts Second Base Rate Fee Second	0.00	\$	·	·
	0.00		d Group	Base Rate Fee Second	0.00		roup	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Bross Receipts First G Base Rate Fee First G THIF COMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIF
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIF
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIF
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIF
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIF
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIF
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIF
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIF
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIF
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIF
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIF
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIF
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second THIF COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	roup RTY-FIFTH	THIE COMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Second THIF COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	DSE	THIF

	-							
	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH.		COMPUTATION OF SUBSCRIBER GROU		
9 Computa	0	- COBCONIDEN ONCE		COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
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Surchar								
for								
Partial Distar								
Station								
O.a.i.o.							···	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
		·	•	·			•	•
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr
	Р	SUBSCRIBER GROU	FORTIETH		JP	SUBSCRIBER GROU	TY-NINTH	THIR
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	1		T		I DOE	CALL SIGN
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			DSE			CALL SIGN	DSE	
	0.00			Total DSEs	0.00	CALL SIGN		
	0.00	\$				\$		
		\$	Group	Total DSEs	0.00	S S	roup	Fotal DSEs Gross Receipts Third G

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007711	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR	TY-FIRST	SUBSCRIBER GROU	Р	FORTY	-SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
							·	Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FOR T	TY-THIRD	SUBSCRIBER GROU	Р	FORT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, s _l	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007711	Name
ВІ	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR	TY-FIFTH	SUBSCRIBER GROU	Р	FOF	RTY-SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
		-						Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FORTY-S	SEVENTH	SUBSCRIBER GROU	Р	FORT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							——————————————————————————————————————	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

CABLE ONE, IN	С.						007711	Name
				ATE FEES FOR EAC				
		I SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ ARE/	Α		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal 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	
	FIFTY-FIRST	SUBSCRIBER GRO)UP	FI	FTY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
cross 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	
	r	L'	3. 		· · · ·		3.34	
			criber group	as shown in the boxes	s above.			
Enter here and in blo	ock 3, line 1,	space L (page 7)				\$		

		DED 000::5	OLIDOGO	TE EEEO EOO = • 6 · ·	D 4 0 = 5 :	001401174710110	0017	
	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv						-		
Surchar						-		
for								
Partiall								
Distan								
Station			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	FTY-SIXTH	FI	IP	SUBSCRIBER GROU	TY-FIFTH	FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DCFo	0.00			otal DCFa
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S\	O07711	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FIFTY-S	SEVENTH	SUBSCRIBER GRO	JP	FIFT	Y-EIGHTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
	<mark></mark>							Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIF	TY-NINTH	SUBSCRIBER GRO	JP		SIXTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
			riber group	as shown in the boxes al	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

	D D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9 Compute	0		CLOCKE	COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computat of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv								
Surchar								
for Partiall							_	
Distant								
Station						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-FOURTH	SIXT	IP	SUBSCRIBER GROL	Y-THIRD	SIXT
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
			-					
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00 0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	
		\$ \$			0.00	\$ \$		Fotal DSEs Gross Receipts Third Gr Base Rate Fee Third Gr

			011565			00145-1-1-1-1-1	00:::	
	ı _P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9 Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv								
Surchar								
for Partiall								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	P	SUBSCRIBER GROU	Y-EIGHTH	SIXT	IP	SUBSCRIBER GROU	EVENTH	SIXTY-S
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			_				_	
	0.00			Total DSEs	0.00			otal DSEs
								otal BOLO
		•	•		^ ^	*		<u>-</u>
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third Gr

CALL SIGN DSE SE SE SE SE SE SE SE SE S	9 omputation of ase Rate and Syndicate Exclusivi Surcharg for Partially Distant Stations
OMMUNITY/ AREA O COMMUNITY/ AREA O CC CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba SE	omputati of ase Rate and Syndicate Exclusivi Surcharg for Partially Distant
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba SE CALL SIGN DSE CALL SIGN DSE Ba SE CALL SIGN DSE CALL SIGN DSE Ba Ba SE CALL SIGN DSE CALL SIGN DSE Ba SE CALL SIGN DSE CALL SIGN DSE BA SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL	omputati of ase Rate and Syndicate Exclusivi Surcharg for Partially Distant
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba SE CALL SIGN DSE CALL SIGN	of ase Rate and Syndicate Exclusivi Surcharg for Partially Distant
otal DSEs	and Syndicate Exclusivi Surcharg for Partially Distant
otal DSEs O.00 Forss Receipts First Group \$ O.00 Gross Receipts Second Group \$ O.00 Base Rate Fee Second Group \$ O.00 Base Rate Fee Second Group \$ O.00 Company Second Group Company Se	Syndicate Exclusivi Surcharg for Partially Distant
otal DSEs O.00 Forss Receipts First Group \$ O.00 Gross Receipts Second Group \$ O.00 Base Rate Fee Second Group \$ O.00 Base Rate Fee Second Group \$ O.00 Company Second Group Company Se	Exclusivi Surcharg for Partially Distant
otal DSEs	Surcharg for Partially Distant
otal DSEs O.00 Total DSEs O.00 see Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	for Partially Distant
otal DSEs	Distant
otal DSEs 0.00 Total DSEs 0.00 \$ ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
otal DSEs 0.00 Total DSEs 0.00 \$ ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	Stations
ase Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
ase Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
ase Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
ase Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
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ase Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	
OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
otal DSEs 0.00 Total DSEs 0.00	
ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007711	Name
ВІ	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVENT	Y-THIRD	SUBSCRIBER GROU	Р	SEVENT	/-FOURTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIT	202	O/ILL OIOIN	- 502	CALL GIGIT	DOL	OALL GIOTA	502	Base Rate Fee
								and
								Syndicated
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								for
								Partially
								Distant Stations
							0	Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVEN [®]	TY-FIFTH	SUBSCRIBER GROU	Р	SEVEN	NTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, s _l	e fees for each subscr pace L (page 7)	iber group	II as shown in the boxes ab	oove.	\$		

CABLE ONE, INC.	R OF CABL	E SYSTEM:					907711	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVENTY-S	SEVENTH	SUBSCRIBER GRO	JP	SEVEN	TY-EIGHTH	SUBSCRIBER GROU	IP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		_				_		and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
			• • •					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVEN ⁻	ΓΥ-NINTH	SUBSCRIBER GRO	JP		EIGHTIETH	SUBSCRIBER GROU	IP	
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	s	0.00	Gross Receipts Fourth	n Group	<u> </u>	0.00	
	P			2.003 . tosoipto i ouiti		<u>-</u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007711	Name
ВІ	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-FIRST	SUBSCRIBER GROU	Р	EIGHTY	'-SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity
								Surcharge
								for
							·	Partially
								Distant
					•••••		0	Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
EIGHT	TY-THIRD	SUBSCRIBER GROU	Р	EIGHT	/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, s _l	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

CABLE ONE, INC.							007711	
				ATE FEES FOR EACH		IBER GROUP I SUBSCRIBER GROU	ID	
COMMUNITY/ AREA	1-71 717	SUBSCRIBER GROU	0	COMMUNITY/ AREA		I SUBSCRIBER GRUI	<u>0</u>	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computat of
								Base Rate
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		·····						Syndicate
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				.				Surcharç for
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								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Group \$ 0.00				Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Grou	ıb dı	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
EIGHTY-SE	VENTH	SUBSCRIBER GROL		EIGH	HTY-EIGHTH	SUBSCRIBER GRO	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third Gro	up	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	

EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 007711							Name	
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
EIC	GHTY-NINTH	SUBSCRIBER GRO			NINTIETH	SUBSCRIBER GROU	JP	9
OMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
		-						and
								Syndicate
								Exclusivit Surcharge
			····					for
								Partially
								Distant
								Stations
		-						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NI	NETY-FIRST	SUBSCRIBER GRO	JP	NINE	TY-SECOND	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
	- · - • •	·			mp	<u>·</u>		
		•		11		1	1 1	
ase Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
ase Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
	· ·	te fees for each subsc		Base Rate Fee Fourt		\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 007711							Name	
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCRI	BER GROUP		
NINE	ΓY-THIRD	SUBSCRIBER GROU	JP	NINET	Y-FOURTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		_				_		and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
			<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	
NINE	TY-FIFTH	SUBSCRIBER GROU	JP	NIN	IETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<u></u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Cioso Receipto Itilia G	Toup	<u>*</u>	<u> </u>	Toos Receipts Fourth	, Oloup	Ψ	<u> </u>	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

E FEES FOR EACH SUBSCRIBER GROUP NINETY-EIGHTH SUBSCRIBER GROUP	ATE 5550 500 540				
NINETY-EIGHTH SUBSCRIBER GROUP					
	H	ROUP	SUBSCRIBER GF		
COMMUNITY/ AREA Compu	COMMUNITY/ AREA			AREA	COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE of	CALL SIGN	DS	CALL SIGN	DSE	CALL SIGN
Base Ra					
an					
Syndic					
Exclusion Surch					
fo					
Parti					
Dist					
Stati					
Total DSEs 0.00	Total DSEs	0.0			otal DSEs
Gross Receipts Second Group \$ 0.00	Gross Receipts Seco	0.0	\$	First Group	Fross Receipts First
<u></u>	1				
	Base Rate Fee Seco				
Base Rate Fee Second Group \$ 0.00	'	0.0	\$	First Group	ase Rate Fee First
ONE HUNDREDTH SUBSCRIBER GROUP	'		SUBSCRIBER GF	•	
	ONE H			NINETY-NINTH	NI
ONE HUNDREDTH SUBSCRIBER GROUP	ONE H			NINETY-NINTH	NI
ONE HUNDREDTH SUBSCRIBER GROUP	ONE H			NINETY-NINTH	NI
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	ONE H	ROUP	SUBSCRIBER GF	NINETY-NINTH	NII
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	ONE H	ROUP	SUBSCRIBER GF	NINETY-NINTH	NII OMMUNITY/ ARE <i>i</i>
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	ONE H	ROUP	SUBSCRIBER GF	NINETY-NINTH	NII OMMUNITY/ ARE <i>i</i>
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	ONE H	ROUP	SUBSCRIBER GF	NINETY-NINTH	NII OMMUNITY/ ARE <i>i</i>
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	ONE H	ROUP	SUBSCRIBER GF	NINETY-NINTH	NII OMMUNITY/ ARE <i>i</i>
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	ONE H	ROUP	SUBSCRIBER GF	NINETY-NINTH	NII OMMUNITY/ ARE <i>i</i>
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	ONE H	ROUP	SUBSCRIBER GF	NINETY-NINTH	NII
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	ONE H	ROUP	SUBSCRIBER GF	NINETY-NINTH	NII
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	ONE H	ROUP	SUBSCRIBER GF	NINETY-NINTH	NII
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	ONE H	ROUP	SUBSCRIBER GF	NINETY-NINTH	NII COMMUNITY/ AREA
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	ONE H	ROUP	SUBSCRIBER GF	NINETY-NINTH	NII COMMUNITY/ AREA
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	ONE H	ROUP	SUBSCRIBER GF	NINETY-NINTH	NII OMMUNITY/ ARE <i>i</i>
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	ONE H COMMUNITY/ AREA CALL SIGN	ROUP	SUBSCRIBER GF	NINETY-NINTH	OMMUNITY/ ARE/
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE Total DSEs O.000	CALL SIGN CALL SIGN Total DSEs	ROUP DS O.0	SUBSCRIBER GF	NINETY-NINTH AREA DSE	OMMUNITY/ AREA
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN CALL SIGN Total DSEs	ROUP	SUBSCRIBER GF	NINETY-NINTH AREA DSE	CALL SIGN Community Are A
ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE Total DSEs O.000	CALL SIGN CALL SIGN Total DSEs	ROUP DS O.0	CALL SIGN	NINETY-NINTH AREA DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLI	E SYSTEM:				S	YSTEM ID# 007711	Name
Bl	_OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	D FIRST	SUBSCRIBER GROU		H	D SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	P	ONE HUNDRE	D FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007711							Name	
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDR	ED FIFTH	SUBSCRIBER GROU	JP	ONE HUNDI	RED SIXTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oss Receipts First Group \$ 0.00			Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
	2,0 1, 0	(b~80 i)				7		

	D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU				
9	0	SUBSCRIBER GROU	ED IENIA (COMMUNITY/ AREA	0	SUBSCRIBER GROC	:DININI C	COMMUNITY/ AREA		
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate	DOL	OALL GION	DOL	OALL GIGIN	DOL	OALL GIGIT	DOL	CALL GION		
and										
Syndicat										
Exclusiv										
Surchar										
for							-			
Partiall Distan										
Station	<u></u>									
Station										
		-								
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	d Group	Gross Receipts Secon	0.00	ross Receipts First Group \$ 0.00				
			. С.С.Бр			<u> </u>				
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro		
	Р	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	IP	SUBSCRIBER GROU	.EVENTH	ONE HUNDRED EL		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
		•					<u> </u>			
	0.00			Total DSFs	0.00			otal DSFs		
	0.00			Total DSEs	0.00					
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	otal DSEs ross Receipts Third Gi		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S'	907711	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		-
ONE HUNDRED THII	RTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FOL	JRTEENTH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						_		and
						_		Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
T D.O.T.			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED S	SIXTEENTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	roup	<u> </u>	0.00	Gross Receipts Fourth	Group	<u> </u>	0.00	
	: -				F	<u>·</u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				••				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
	•	. ,						

Name	007711							
				TE FEES FOR EACH				
9	0	SUBSCRIBER GROUP	iHIEENIH	COMMUNITY/ AREA)P 0	SUBSCRIBER GROU	NIEENIH	ONE HUNDRED SEVE COMMUNITY/ AREA
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and		_				-		
Syndicate Exclusivit								
Surcharg								
for								
Partially								
Distant Stations								
Olalion.							-	
	0.00			Total DSEs	0.00			otal DSEs
		_			0.00	¢	oun.	Gross Receipts First Gr
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	σαρ	oross Neceipis First Gr
	0.00	\$		Base Rate Fee Second	0.00	\$		
	0.00		d Group	Base Rate Fee Second	0.00		oup	Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	0.00 P	\$ SUBSCRIBER GROUP	d Group VENTIETH	ONE HUNDRED TO	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ONE HUNDRED NII
	0.00 P	\$ SUBSCRIBER GROUP	d Group VENTIETH	ONE HUNDRED TO	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ONE HUNDRED NII
	0.00 P	\$ SUBSCRIBER GROUP	d Group VENTIETH	ONE HUNDRED TO	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ONE HUNDRED NII
	0.00 P	\$ SUBSCRIBER GROUP	d Group VENTIETH	ONE HUNDRED TO	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ONE HUNDRED NII
	0.00 P	\$ SUBSCRIBER GROUP	d Group VENTIETH	ONE HUNDRED TO	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ONE HUNDRED NII
	0.00 P	\$ SUBSCRIBER GROUP	d Group VENTIETH	ONE HUNDRED TO	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ONE HUNDRED NII
	0.00 P	\$ SUBSCRIBER GROUP	d Group VENTIETH	ONE HUNDRED TO	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ONE HUNDRED NII
	0.00 P	\$ SUBSCRIBER GROUP	d Group VENTIETH	ONE HUNDRED TO	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ONE HUNDRED NII
	0.00 P	\$ SUBSCRIBER GROUP	d Group VENTIETH	ONE HUNDRED TO	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ONE HUNDRED NII
	0.00 P	\$ SUBSCRIBER GROUP	d Group VENTIETH	ONE HUNDRED TO	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ONE HUNDRED NII
	0.00 P	\$ SUBSCRIBER GROUP	d Group VENTIETH	ONE HUNDRED TO	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ONE HUNDRED NII
	0.00 P	\$ SUBSCRIBER GROUP	d Group VENTIETH	ONE HUNDRED TO	0.00 JP 0	\$ SUBSCRIBER GROU	OUP	ONE HUNDRED NII COMMUNITY/ AREA CALL SIGN
	0.00 P	\$ SUBSCRIBER GROUP	DSE	Base Rate Fee Second ONE HUNDRED TO COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	DSE	ONE HUNDRED NII

		RED CDOLID	CLIBCODI	TE FEES FOR EACH	BASEDA	COMPLITATION OF	$OCV \wedge \cdot \cdot$		
				ONE HUNDRED TWEN		SUBSCRIBER GROU			
9 Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndicat			-						
Exclusiv									
Surchar			-						
for							-		
Partiall Distan			-						
Station							-		
Otation.									
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	ross Receipts First Group \$ 0.00			
			·				·	·	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr	
		SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		_				-			
									
			<mark></mark>						
					N Comment	1			
				Total DSEs	0.00			otal DSEs	
	0.00			Total DSEs	0.00				
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	otal DSEs cross Receipts Third G	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007711	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.LL 01011	362	07.22.01011	- 562	SALE SIGH	562	6/122 6/6/1V	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 007711							Name	
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	NTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
			• • •				2.55	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	ross Receipts First Group \$ 0.00				d Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THII	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	ap	I *	0.00			I *	3.00	
Base Rate Fee: Add th	e hase rat	e fees for each subsc	riber aroun	as shown in the boxes a	hove			
Enter here and in block			inodi group	as shown in the boxes d	JUV 6.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007711	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIRT		0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIV	DOL	OALL GIGIN	DOL	CALL SIGN	DOL	OALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007711	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		•
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED THIR		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
	oup.	¢.	0.00		d Group	¢	0.00	
Gross Receipts First Gr	oup	2	0.00	Gross Receipts Second	a Group	\$	0.00	
Base Rate Fee First Gre	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GROUP		†	FORTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	007711	Name	
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
ONE HUNDRED FOI	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FOR	9				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
07.22 01011	202	O' LE CICIT	302	O/ LEE GIGIT	202	07.22 0.011	302	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Stations	
	<mark></mark>								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	Gross Receipts Second Group \$ 0.00				
	Cup	_			a 0.0up	_			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
ONE HUNDRED FOR	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-FOURTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						_			
						_			
									
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$			

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007711	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FOR	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED FO		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.LL 01011	362	O/LEE GIGIT		GALL SIGH	562	6/122 6/6/1V	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FORTY	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007711	Name
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FORT	ΓΥ-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRED FIFTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
					•			
							·······	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED FIFTY	'-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gi	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLI	E SYSTEM:					O07711	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GROU	IP	ONE HUNDRED FIFT)	•		
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
							<u></u>	Distant
								Stations
			2.25					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u> </u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
- 2.000 Noodipio Tiliid O	. J J P			. cos rescipio i cuiti	J. 54p	<u></u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	bove.	\$		
						<u> </u>		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:					98TEM ID# 007711	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FIF	•			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						_		Syndicated
								Exclusivity
								Surcharge
				***************************************				for Partially
								Distant
								Stations
			:					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	D SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
3.3.4.3.	r	-			F	·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes al	bove.	\$		