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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
	\$				
	ALLOCATION NUMBER				
2/24/2020					

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.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							
Period B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 7758 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MASSILLON CABLE TV INC							
				77582019/2 7758 2019/2				
	PO BOX 1000 MASSILLON OH 44648-1000							
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:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	(Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
D Area	Instructions: For complete space D instructions, see page 1b. Identify with all communities.	y only the frst com	nmunity served below and r	relist on page 1b				
Served	CITY OR TOWN	STATE						
First	MASSILLON STARK COUNTY	ОН						
Community	Below is a sample for reporting communities if you report multiple ch		·					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alliana	MD	A	1				
	Alliance Gering	MD MD	В В	3				
				•				

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

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

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 7758 **MASSILLON CABLE TV 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. **CH LINE UP** CITY OR TOWN SUB GRP# STATE **MASSILLON STARK COUNTY** OH **First NAVARRE STARK COUNTY** OH Community **CANAL FULTON** STARK COUNTY OH **LAWRENCE TWP STARK COUNTY** OH **BREWSTER** STARK COUNTY OH **PERRY TWP** STARK COUNTY OH See instructions for **BETHLEHEM TWP STARK COUNTY** OH additional information on alphabetization. **SUGAR CREEK TWP** STARK COUNTY OH **CITY OF GREEN SUMMIT COUNTY** OH **BAUGHMAN TWP WAYNE COUNTY** OH **PAINT TWP WAYNE COUNTY** OH Add rows as necessary. **SUGAR CREEK TWP WAYNE COUNTY** OH **JACKSON TWP STARK COUNTY** OH **TUSCARAWAS TWP** STARK COUNTY OH **NEW FRANKLIN SUMMIT COUNTY** OH **SALT CREEK TWP HOLMES COUNTY** OH **WAYNE TWP TUSCARAWAS COUNTY** OH TUSCARAWAS COUNTY **FRANKLIN TWP** OH **PIKE TWP STARK COUNTY** OH **PAINT TWP HOLMES COUNTY** OH

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

MASSILLON CABLE TV INC

SYSTEM ID#

7758

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.

BLOCK 1					BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:				П					
 Service to first set 	18,773	\$	38.75	Ш					
 Service to additional set(s) 									
 FM radio (if separate rate) 									
Motel, hotel									
Commercial									
Converter									
Residential									
Non-residential									
		· • · · · · · · · · · · · · · · · · · ·		1 ľ			T		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
• Pay cable	\$ 14.75	 Motel, hotel 		HD ESSENTIALS	\$ 6.95	
 Pay cable—add'l channel 	\$ 65.75	Commercial		НВО	\$ 24.65	
 Fire protection 		• Pay cable		CINEMAX	\$ 15.15	
Burglar protection		 Pay cable-add'l channel 		SHOWTIME	\$ 20.15	
Installation: Residential		• Fire protection		STARZ	\$ 15.50	
• First set		 Burglar protection 				
Additional set(s)		Other services:				
 FM radio (if separate rate) 		• Reconnect				
Converter		Disconnect				
		Outlet relocation				
		 Move to new address 				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL CARRIAGE** OF (Yes or No) **NUMBER STATION** (If Distant) **WNEO** 45.1 Ε CLEVELAND-AKRON-YOUNGS No **FUSION** 45.2 E-M No CLEVELAND-AKRON-YOUNGS See instructions for additional information #N/A #N/A No #N/A MHzWorldview on alphabetization. **WBNX** Ν 55.1 No AKRON #N/A #N/A Happy Channel #N/A No Movies! 55.3 N-M No AKRON #N/A **Heroes & Icons** #N/A No #N/A **WVPX** 23.1 Ν No AKRON **QUBO** 23.2 **AKRON** N-M No Start TV 55.5 N-M No **AKRON WKYC** Ν **CLEVELAND** 3.1 No #N/A Justice Network #N/A #N/A No **CLEVELAND** Cozi 3.3 N-M No **WEWS CLEVELAND** 5.1 Ν No **Grit TV** 5.2 N-M No **CLEVELAND** LAFF TV 5.3 N-M No **CLEVELAND WJW** Ν 8.1 No **CLEVELAND Antenna TV** 8.2 N-M No **CLEVELAND**

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV 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 AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL CARRIAGE** OF (Yes or No) **NUMBER STATION** (If Distant) WVIZ 25.1 Ε **CLEVELAND** No Ohio Channel 25.2 E-M No **CLEVELAND** PBS World 25.3 E-M No **CLEVELAND** 25.4 E-M **CLEVELAND** Create No PBS Kids 25.5 E-M No CLEVELAND WOIO 19.1 Ν No SHAKER HEIGHTS Me TV SHAKER HEIGHTS 19.2 N-M No **WUAB** 43.1 Ν No LORAIN 43.2 N-M **LORAIN** Bounce No WDLI 17.1 ı No **CANTON** Quest **CLEVELAND** 3.4 N-M **Decades** 55.6 N-M **AKRON** Circle 43.3 N-M LORAIN **WIVM CANTON** 13.1 No ThisTV 13.2 CANTON I-M No 13.3 I-M No CANTON Light

WRLM HD

#N/A

#N/A

No

#N/A

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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV 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 7758 MASSILLON CABLE TV 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)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV 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 AG 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV 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 AH 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AI 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV 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 AK 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV 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 CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AP 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV 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 AR 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV 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)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV 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 AT 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 7758 MASSILLON CABLE TV 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 AU 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 MASSILLON CABLE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AW 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 7758 **MASSILLON CABLE TV 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 WTIG **AM MASSILLON OH**

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

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

LEGAL NAME OF OWNER OF MASSILLON CABLE T		ГЕМ:			,	SYSTEM ID# 7758	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM I O				
In General: In space I, ident substitute basis during the a explanation of the programm form.	ify every no	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former F	a distant stat CC rules, regu	ulations, or authorizations	s. For a further	Substitute
1. SPECIAL STATEMEN	Γ CONCER	NING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting per	riod, did you			sis, any nonn	etwork television progra	ım	Special Statement and
broadcast by a distant stat					☐ Yes		Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE		•	ge blank. If your answer is	"Yes," you m	nust complete the progra	am	
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 mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ice, please of every no distant state gulations, of the state of the s	attach addition nnetwork telev- tion and that your or authorization of use general BA Basketball: deast live, enter station broades on's location (tons, if any, the when your system a program carrollisted program ons in effect d	nal pages. vision program (substitute pour cable system substitute as. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "lasting the substitute prograte community to which the community with which the stem carried the substitute or gram was carried by your fied by a system from 6:01: In was substituted for programing the accounting perior	orogram) that ed for the proneral instructor "basketball No." am. estation is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the lest distance of the system of the s	t, during the accounting gramming of another st ions located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the month. List the times accurate 28:30 p.m. should be your system was requiretter "P" if the listed pro	ation er onth ely	
		E PROGRAM	4		EN SUBSTITUTE IAGE OCCURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					<u> </u>		
					<u> </u>		
					<u> </u>		
					<u> </u>		
					_		
					_		
					_		
					_		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name MASSILLON CABLE TV INC 7758 **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

	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	SSILLON CABLE TV INC	7758	Name
Inst all a (as	OSS RECEIPTS Tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to consect (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary transmission service	K Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
InstruConIf you feetIf you accompany	TRIGHT 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. our system did not carry any distant television stations, leave block 3 blank. Enter the am from block 1 on line 1 of block 4, and calculate the total royalty fee. our system did carry any distant television stations, you must complete the applicable pa companying this form and attach the schedule to your statement of account. art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be	rts of the DSE Schedule	L Copyright Royalty Fee
bloc	k 3 below.		
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e slow.	ntered on line 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoublock 4 below.	ıld 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.	is 1.064 percent of the	
	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.	\$ 4,257,349.93	
	This is your minimum fee.	\$ 45,298.20	
	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 periods.	n 4, you must check	
Disale	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	\$ -	
Block 3	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	\$ 45,298.20	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact 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	\$ 46,023.20	form for submitting the
	EFT Trace # or TRANSACTION ID # 26NO8EEK		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Significant dependent of the paper SA3 form and the Excel instructions to		

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

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC	SYSTEM ID# 7758
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Chameis	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	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name KATHERINE GESSNER Telephone 330-833-5509	
	Address 814 CABLE CT NW PO BOX 1000 (Number, street, rural route, apartment, or suite number)	
	MASSILLON OH 44648-1000 (City, town, state, zip)	
	Email Fax (optional)	
	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)]	
	X /S/ KATHERINE GESSNER	
	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: KATHERINE GESSNER	
	Title: PRESIDENT (Title of official position held in corporation or partnership)	
	Date: February 24, 2020	

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST	ΓEM ID#	N					
MASSILLON CABLE TV INC	7758	Name					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."		P Special Statement Concerning					
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.		Gross Receipts Exclusion					
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?							
X NO							
YES. Enter the total here and list the satellite carrier(s) below							
Name Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.		Q					
Line 1 Enter the amount of late payment or underpayment		Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here							
x Line 3 Multiply line 2 by the number of days late and enter the sum here	days -						
x 0.00274							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)							
space L, (page 7)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.							
Owner Address							
First community served Accounting period							
ID number							

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

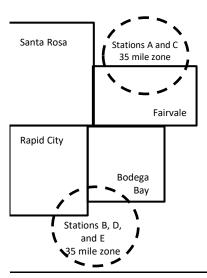
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



	Distant Stations Carried		Identification	Identification of Subscriber Groups			
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS		
1	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS		
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00		
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00		
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00		
	E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00		
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00		

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

\$0,364.00							
First Subscriber Group		Second Subscriber Group		Third Subscriber Group			
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)			
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00		
DSEs	2.472	DSEs	1.083	DSEs	1.389		
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03		
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80		
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23		
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03		

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					
I	MASSILLON CABLE TV INC 7758					
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.				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 noncommercial educational station, give the DSE as ".25."					
Category "O"	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.						
				<u> </u>		

,			= 111111111111111111111111111111111111

Nome	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						S	SYSTEM ID#
Name	MASSILLON	CABLE TV INC							7758
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	capacity st the call sign of all dista : For each station, give the correspond with the infore : For each station, give the distance of the correspond with the infore of the correspond with the infore of the correspond with the figure in column at least to the third decire. For each independent so walue as ".25." : Multiply the figure in composition. This is the station's	the number of hour mation given in species he total number of a limin 2 by the figure mal point. This is the station, give the "ty lumn 4 by the figure	s your cable syste ace J. Calculate o hours that the star in column 3, and e "basis of carriag pe-value" as "1.0." e in column 5, and	m carried the stanly one DSE for one DSE for one detection broadcast over the result in ge value" for the second process of the second process of the second give the result in the second process of	ation during the each station. Ver the air du decimals in station. ork or nonconn column 6.	ring the accou column 4. Thi nmercial educ Round to no le	unting period. s figure must cational station, ess than the	
Capacity		C	ATEGORY LA	C STATIONS:	COMPUTATI	ION OF D	SEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS G	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	SE
			÷		=	Х		=	
			÷		=	x		=	
			÷		=	X		<u> </u>	
			÷		=	X		=	
			÷		=	х		=	
			÷		=	X		<u> </u>	
			÷		=	Х		=	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of page		ıle,			0.00		
Computation of DSEs for Substitute-Basis Stations	 Was carried tions in effections in effections in effections. Broadcast of space I). Column 2: If at your option. Column 3: If Column 4: If Column 4: If If	e the call sign of each stands by your system in substant on October 19, 1976 (one or more live, nonnetwork for each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a progra as shown by the lead ork programs during number of live, no spond with the infoction the calendar years by the figure in	m that your syster ter "P" in column that optional carronnetwork program rmation in space I ear: 365, except in column 3, and gi	m was permitted to 7 of space I); and riage (as shown by as carried in subsection a leap year.	to delete und d the word "Ye stitution for po olumn 4. Rou	ler FCC rules s" in column 2 rograms that v	of were deleted than the third	rm).
		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 of each station. Im here and in line 3 of pa		ıle,	▶		0.00		
5		ER OF DSEs: Give the ams applicable to your system		es in parts 2, 3, and	d 4 of this schedul	le and add the	em to provide	the total	
Total Number	1. Number o	f DSEs from part 2 ●				-		0.00	
of DSEs	2. Number o	f DSEs from part 3 ●				<u> </u>		0.00	
	3. Number o	f DSEs from part 4 ●				>		0.00	
	TOTAL NUMBE	R OF DSEs					> [0.00

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

LEGAL NAME OF O	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#	
MASSILLON C	ABLE TV INC							7758	Name
Instructions: Block In block A:	ck A must be comp	oleted.							
 If your answer if schedule. 	"Yes," leave the re	mainder of pa	art 6 and part 7	of the DSE sched	lule blank and	complete part	8, (page 16) of th	ie	6
 If your answer if 	"No," complete blo	cks B and C	below.						
			BLOCK A: 7	TELEVISION MA	ARKETS				Computation of 3.75 Fee
	1981?	schedule—D	·	er markets as defii LETE THE REMAI			CC rules and regu	lations in	0.70100
No—Comp	nete blocks b and	O Delow.							
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations e DSE Scheo	ons prior to Jun dule. (Note: Th	oart 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	on of permitte	d stations, see the)	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and reguled pursuant to on as defined al education as tation (76.6 r DSE schedant to individuviously carried of the station with the stati	ations cited be to the FCC mar in 76.5(kk) (76 ll station [76.59 65) (see paragrule). It waiver of FC d on a part-time ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on 5.57, 76.59(b),)(1), 76.63(a) 3(a) referring stitution of gra-	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			orksheet on page 1	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		F	BLOCK C: CC	MPUTATION OF	3.75 FFF				
				6 17 11 16 17 6 1	0.70122				
Line 1: Enter the								-	
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve					
Line 3: Subtract (If zero, le				of DSEs subject 7 of this schedule		ate.		0.00	
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	ınd enter su	m here						partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	o monuciono.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
 1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS	3. DSE	Computation o
									51.51.55

Name	MASSILLON CA		STEM:						S	YSTEM II 775	
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 Formal A—Part-time spinal prior 76.59 B—Late-night prior 76.61 S—Substitute car gener Column 5: Indicate in block	or to June 25, 198 call sign for each the DSE for this state accounting potential programm (d)(1),76.61(e)(1) cogramming: Carriage under certal instructions in the station's DSE at the DSE figures a B, column 3 of point on fle in the Lice	s1, under former distant station ic station for a sing eriod and year ir age on which the ulations cited being: Carriage, or 76.63 (referriage under FCC tain FCC rules, rathe paper SA3 for the current solisted in columnart 6 for this stative in columns 2 censing Division.	FCC rules gover dentifed by the lagle accounting part which the carries station was callow pertain to the a part-time barring to 76.61(e) by rules, sections accounting perions 2 and 5 and lation.	ern ette perid iag iag inos isis (1) i 76 auth od list	5.59(d)(3), 76.61(e)(3), norizations. For further as computed in parts the smaller of the two e accurate and is subject	estitute carria art 6 of the January 1, e.g., 1981/ e following lo , 1981.) ming under or 76.63 (r explanatio 2, 3, and 4 figures here	age.) DSE schedule 1978 and Jur I). etters: FCC rules, se eferring to n, see page (v of this schedu e. This figure se	e. ae 30, 19 octions ii) of the le. should be	81. e entered	
					D (ON A PART-TIME AN					
	1. CALL SIGN	2. PRIOR DSE		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. PI	ERMITTED DSE	í
	SIGN	DSE	T L	INIOD		CARRIAGE)3E		DSE	
7 Computation of the	Instructions: Block A In block A: If your answer is	"Yes," complete	blocks B and C,		nar	rt 8 of the DSE schedu	م ال				
Syndicated	ii your ariswer is	110, leave block			•	LEVISION MARK					
Exclusivity			BLOCK	A. WAJON	<u> </u>	LL VISION WARR	<u> </u>				
Surcharge	Is any portion of the c X Yes—Complete	•		or television mar	ket	as defned by section 7		rules in effect	June 24,	1981?	
	BLOCK B: Ca	arriage of VHF/G	rade B Contour	Stations		BLOCK	C: Compu	tation of Exem	not DSEs		
	Is any station listed in commercial VHF stati or in part, over the ca	block B of part 6	the primary stre	eam of a	l	Was any station listed nity served by the cabl to former FCC rule 76.	in block B	of part 7 carrie	ed in any	commu-	
	Yes—List each st	tation below with its		nitted DSE		Yes—List each sta X No—Enter zero ar			ate permit	ted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN .	DSE	\rfloor
			TOTAL BOS	0.00				TOTAL)F-	0.04	
		TOTAL DSEs 0.00						TOTAL DS	ÞES	0.00	<u> </u>

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC	M ID# 7758	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	49.93	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00 C	omputation
	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		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.		
	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?		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	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		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
iu	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		

ACCOUNTING PERIOD: 2019/2

		DSE SCHEDULE. PAGE 16.
Name		ME OF OWNER OF CABLE SYSTEM: WASSILLON CABLE TV INC 7758
		MASSILLON CABLE TV INC 7758
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)
Surcharge		C. Multiply line B by 3.000 and enter here
		D. Enter 0.00089 of gross receipts (the amount in section 1)
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here
		F. Multiply line D by line E and enter here
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)
		Syndicated Exclusivity Surcharge
8 Computation of Base Rate Fee	You made of the second of the	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. It answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. It answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below It is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local servage," see page (v) of the general instructions.
	3017100	zarea, see page (v) or the general instructions.
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	Section	BEGOR B. NOT ARTHURE DIGITARY OTATIONO GOINI OTATION OF BROKE NATE I EE
	1	Enter the amount of gross receipts from space K (page 7) ▶ \$ 4,257,349.93
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1).
		(the amount in section 1)
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here -
		D. Multiply line B by line C and enter here
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)
		Base Rate Fee

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

	AME OF OWNER OF CABLE SYSTEM: SILLON CABLE TV INC	EM ID#	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) **State of the image is a section of the image.		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$		base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) **Section 1.2** **Enter 0.00330 of gross receipts** **Ent		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ \$	0.00	
shall in	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signates be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel Space G.		9
receipt	leral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exest from subscribers located within the station's local service area, from your system's total gross receipts. To take advanta clusion, you must:		Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the so or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the nuterand the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	ımber of	and Syndicated Exclusivity Surcharge for
must a	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belier, if your cable system is wholly located outside all major television markets, complete block A only.	,	Partially Distant Stations, and
Step 1	b Identify a Subscriber Group for Partially Distant Stations : For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	u	for Partially Permitted Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located at the station's local service area. A subscriber located outside the local service area of a station is distant to that station (ame token, the station is distant to the subscriber.)	and, by	
subscr	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a call will have only one subscriber group when the distant stations it carried have local service areas that coincide.	able	
-	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.		
• Identi • Give	n section: Ify the communities/areas represented by each subscriber group. If the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the libers in the group.	;	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts of this schedule; or,	3 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B 6 of this schedule.	,	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruct e paper SA3 form.	tions	
page. DSEs f	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preced In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to shot catal calculations on the form.	he total	

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE. PAGE 18.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	MASSILLON CABLE TV INC	7758
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNER MASSILLON CABL						SY	STEM ID# 7758	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		· · · · · ·
	FIRST	SUBSCRIBER GROU	P		SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	MASSIL	LON		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	\$ 4,257,	349.93	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROUI	P		FOURTH	SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
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			ber group a	as shown in the boxes a	bove.	\$	0.00	

		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (
	Р	SUBSCRIBER GROU				SUBSCRIBER GROU		_
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	362		202	0.12		G. (22 G.G.)	1 1	0.122 0.0.1
and						-		
Syndica			-					
Exclusiv								
Surcha								
for Partial			-					
Distar								
Station			-			-		
			-		4	-	-	
	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
	D	SUBSCRIBER GROU	FIGUTU			SUBSCRIBER GROU	EVENTU	
	0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GROC	SEVENIE	OMMUNITY/ AREA
				COMMONT 17 AREA				OMMONT I AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					_			
			-					
				\				
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	
		\$	Group			\$	roup	Fotal DSEs Gross Receipts Third G
		\$			0.00	\$		

LEGAL NAME OF OWNER MASSILLON CABL						SY	'STEM ID#' 7758	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP	,	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	. C\/C\IT\ I	CLIDCODIDED ODGI	ID.)			
	LEVENTH	SUBSCRIBER GROU						
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroun	<u> </u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
C. COC ROCCIPIO TIIIU G	очр	-	<u> </u>	Sissis Rescriptor Fourth	J. 54p	-	<u> </u>	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				11				
Rase Rate Fee: Add th	e hase rat	e fees for each subsc	riher aroun	as shown in the boxes a	hove			
Enter here and in block			inei gioup	as shown in the buxes di	∪∪v ∈ .	\$		
	. , , -							

			CLIDCODI	TE FEES FOR EACH	DACEDA		OCK 4- (n.
	P	SUBSCRIBER GROU				SUBSCRIBER GROU		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and							-	
Syndica								
Exclusiv								
Surchar								
for			-					
Partial								
Distan Station								
Station			-					
						-		
						-		
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	s Receipts First Group \$ 0.00		ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	IXTEENTH	S	ΙP	SUBSCRIBER GROU	TEENTH	FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
			-					
						-		
						-		
			-					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third Gr

	ID			TE FEES FOR EACH				
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Comput				COMMONT I/ AIRLA				ONINONT IT AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat								
and								
Syndica								
Exclusiv Surcha								
for								
Partial								
Distar								
Station								
					<u> </u>			
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	s Receipts First Group \$ 0.00		ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	se Rate Fee First Group \$ 0.00		
	2	CLIDCODIDED ODOL	\A/C\ITICT!!		ID.	OLIDOODIDED ODOL	•	NII.
		SUBSCRIBER GROU	WENTIETH			SUBSCRIBER GROU	NINTEENTH	
	JP 0	SUBSCRIBER GROU	WENTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NINTEENTH	
		SUBSCRIBER GROU	WENTIETH DSE			SUBSCRIBER GROU	NINTEENTH	OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	
	0			COMMUNITY/ AREA	0		NINTEENTH	OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		NINTEENTH	OMMUNITY/ AREA CALL SIGN
	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Total DSEs
	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC 7758							Name	
Bl	_OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
TWEN	TY-FIRST	SUBSCRIBER GROU			-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					-			and
								Syndicated Exclusivity
							·	Surcharge
								for
					-			Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GROU	IP	TWENTY	'-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			iber group	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER MASSILLON CABL						SY	7758	Name
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIFTH	SUBSCRIBER GROU	Р	TWEN	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	of
CALL CICIA	202	OTTEL OTOTA		O'NEE GIGIT	202	CALL GIGIT	502	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	
TWENTY-S	SEVENTH	SUBSCRIBER GROU	Р	TWENT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, s _l	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

		SED CDOLID	CLIBCUDIE	TE FEES FOR EACH	BVCEDV			וח
	P	SUBSCRIBER GROU				SUBSCRIBER GROU		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computar of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						0.122001		
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 Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	-SECOND	THIRT	Р	SUBSCRIBER GROU	TY-FIRST	THIR
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
	0.00	¢	Group	Gross Receipts Fourth	0.00	¢	COLID	ross Receipts Third G
	<u> </u>	\$	Отоир	Neceipis Fourin	<u> </u>	•	Jup	1000 Necelpio Tillia Gi

MASSILLON CA	BLE TV IN	IC	7758					
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	ss Receipts First Group \$ 0.00		Gross Receipts Sec	ond Group	\$	0.00		
reserves en la compresión de	s receipts that Group		Cross Resemble Sec	ona Group	*	0.00		
ase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
T	HIRTY-FIFTH	I SUBSCRIBER GRO)UP	Т	HIRTY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	4		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
= = =		П	0.05					
otal DSEs			0.00	Total DSEs			0.00	
Pross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	r 	<u>. </u>	3. 		- 1		3.34	
			criber group	as shown in the boxe	s above.			
Enter here and in blo	ock 3, line 1,	space L (page 7)				\$		

				TE FEES FOR EACH				
9	<u>0</u>	SUBSCRIBER GROU	IY-EIGHTH	COMMUNITY/ AREA	<u>JP</u>	SUBSCRIBER GROU		THIRTY- COMMUNITY/ AREA
Computa				COMMONT I/ AREA				OWNORT IT AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			-					
Syndica								
Exclusiv Surchar	<u></u>				<u></u>		<u></u>	
for								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	ss Receipts First Group \$ 0.00		
	0.00	\$				se Rate Fee First Group \$ 0.00		
	0.00	P	d Group	Base Rate Fee Seco	0.00	\$	Group	ase Rate Fee First G
			·	Base Rate Fee Seco				
	JP	SUBSCRIBER GROU	·		JP	SUBSCRIBER GROU	IRTY-NINTH	THIR
			·	Base Rate Fee Seco			IRTY-NINTH	THIR
	JP		·		JP		IRTY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IRTY-NINTH	THIR COMMUNITY/ AREA
	DSE	SUBSCRIBER GROU	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	THIR COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE O.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE DSE 0.00	CALL SIGN	DSE	THIR COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE O.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE DSE 0.00	CALL SIGN	DSE STORY OF THE PROPERTY OF T	THIR

LEGAL NAME OF OWNER MASSILLON CABL						SY	7758	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		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
Office of offi	DOL	OTTLE GIGIT	DOL	O'NEE GIGIN	DOL	CALL 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	
FOR 1	TY-THIRD	SUBSCRIBER GROU	Р	FORT	/-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	e fees for each subscr pace L (page 7)	iber group	II as shown in the boxes ab	oove.	\$		

				ATE FEES FOR EAC	L PORPCK	IDEK GKUUP		
OMMUNITY/ AREA	FORTY-FIFTH SUBSCRIBER GROUP FORTY-SIXTH SUBSCRIBER GROUP JNITY/ AREA 0 COMMUNITY/ AREA 0						JP	
CALL SIGN				COMMUNITY/ AREA			0	9 Computa
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		51,122,5151						Base Rate
								and
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gro	Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	and Group	\$	0.00	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GROU	JP	FOF	RTY-EIGHTH	I 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	
ross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
ase Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u>II </u>				

Base Rate and Syndicat Exclusiv Surchar for Partiall Distan Station		BER GROUP SUBSCRIBER GROUI CALL SIGN		COMMUNITY/ AREA CALL SIGN		COMPUTATION OF SUBSCRIBER GROUND CALL SIGN		
Computa of Base Rate and Syndicat Exclusiv Surchar for Partiall Distan Station	0 DSE				0			COMMUNITY/ AREA
BE of Base Rate and Syndicat Exclusiv Surchar for Partiall Distan Station	0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate and Syndicat Exclusiv Surchar for Partiall Distan Station	0.00							
Syndicate Exclusive Surchart for Partiall Distant Station								
Exclusive Surchar for Partiall Distant Station								
Surchar for Partiall Distan Station								
for Partiall Distan Station								
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00		\$	d Group	Gross Receipts Seco	0.00	s Receipts First Group \$ 0.00		ross Receipts First Gr
00								
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	oup	ase Rate Fee First Gro
	JP	SUBSCRIBER GROU	/-SECOND	FIF.	JP	SUBSCRIBER GROU	TY-FIRST	FIF
O	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
SE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
00_	0.00			Total DSEs	0.00			otal DSEs
00_	0.00	\$	Group	Gross Receipts Fourt	0.00	\$	roup	ross Receipts Third G
$\neg I$								
00	0.00	\$	Group	Base Rate Fee Fourt	0.00	\$	roup	Base Rate Fee Third G

LEGAL NAME OF OWNER MASSILLON CABL						SY	7758	Name
				TE FEES FOR EACH	SUBSCRI	BER GROUP		
FIFT	Y-THIRD	SUBSCRIBER GROU	Р	FIFT	/-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
Office of offi	DOL	OTTLE GIGIT	DOL	O'NEE GIGIN	DOL	CALL 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 Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIF	TY-FIFTH	SUBSCRIBER GROU	<u> </u>	FIF	TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	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 MASSILLON CABL						SY	STEM ID# 7758	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FIFTY-S	SEVENTH	SUBSCRIBER GROU	Р	FIFT	Y-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DSL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DOF			0.00	Total DSEs			0.00	
Total DSEs							_	
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	
FIFT	TY-NINTH	SUBSCRIBER GROU	P		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	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	pove.	\$		

			CLIDCODI	TE EEEO FOD EAOU	י דעפר די		OCK 4	D.
	P	SUBSCRIBER GROU		TE FEES FOR EACH		SUBSCRIBER GROU		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica			-					
Exclusiv			-					
Surchar								
for Partial			-					
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	Y-FOURTH	SIXT	ΙP	SUBSCRIBER GROU	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	\$	Group	Gross Receipts Fourth	0.00	<u>\$</u>	roup	ross Receipts Third Gi
	1							

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LEGAL NAME OF OWNER MASSILLON CABL						SY	7758	Name
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LEGAL NAME OF OW MASSILLON CA							7758	Name
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LEGAL NAME OF OWNE MASSILLON CABI						S	YSTEM ID# 7758	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
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	0	SUBSCRIBER GROU	DSE	ONE HUNDRED F	UP		FIFTY-FIFTH	ONE HUNDRED FIR
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FIR
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FIR
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FIR
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FIR
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FIR
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FI
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FIRE
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FI
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FIF
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FIF
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FIF
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FIR
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FIR
	0			ONE HUNDRED F	UP 0	SUBSCRIBER GROU	FIFTY-FIFTH	ONE HUNDRED FII
	DSE		DSE	ONE HUNDRED F COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED FIRE COMMUNITY/ AREA
	0 DSE	CALL SIGN	DSE	ONE HUNDRED F COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE	ONE HUNDRED FIRE COMMUNITY/ AREA CALL SIGN Total DSEs
	0 DSE	CALL SIGN	DSE	ONE HUNDRED F COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE	ONE HUNDRED FIR

Name		DED 656	01/565=	TE EEEA EAA - : : : :	. D. 4 0 = = -	00145155555	0.617	
		SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA			BI ONE HUNDRED FIFTY-
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			<u>.</u>					
Surchar for			<u></u>					
Partial								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDRE		SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	•••••							
			<u> </u>					
			<u> </u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third G
		i		11				

LEGAL NAME OF OWNE						S	YSTEM ID# 7758	Name
E COMMUNITY/ AREA		SUBSCRIBER GROU		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	JP 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 G	roup	\$ 4,257.	,349.93	Gross Receipts Secor	nd Group	\$	0.00	
·	·	,			•			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	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 0	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
	·				•			
Base Rate Fee Third G	Group	\$	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.	\$	0.00	

					7758	Name
A: COMPUTATION C		TE FEES FOR EAC				
H SUBSCRIBER GRO				SUBSCRIBER GRO		9
	0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						Base Rate
						and
						Syndicate
						Exclusivi
						Surcharg
						for
						Partially Distant
						Stations
						Otations
	•					
	0.00	Total DSEs			0.00	
\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
H SUBSCRIBER GRO	DUP		EIGHTH	SUBSCRIBER GRO	UP	
	0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····					
	0.00	Total DSEs			0.00	
\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
\$	0.00			\$		
	\$ \$ FH SUBSCRIBER GRO	CALL SIGN DSE O.00 \$ 0.00 \$ 0.00 TH SUBSCRIBER GROUP 0	CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN Total DSEs Gross Receipts Sec Base Rate Fee Sec TH SUBSCRIBER GROUP O COMMUNITY/ ARE/	CALL SIGN DSE CALL SIGN DSE CALL SI	CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE

LEGAL NAME OF OWN						S	7758	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	NINTH	SUBSCRIBER GRO			TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						—		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWI						S	7758	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
Т	HIRTEENTH	SUBSCRIBER GRO		F	OURTEENTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	3 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
						.		
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	· .	\$	0.00	Base Rate Fee Sec	·	\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GROU	0	
COMMONT IT AREA			<u> </u>	COMMONT IT ARE	······································			
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	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWI						S	7758	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
SE\	/ENTEENTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
						.		Distant
								Stations
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NINTEENTH	SUBSCRIBER GRO			TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	<u> </u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	- · • • •				wp			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI						S	7758	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
TWI	ENTY-FIRST	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWE	NTY-THIRD	SUBSCRIBER GRO		TWEN	NTY-FOURTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	<u> </u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	- · • • •				wp	<u>·</u>		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW MASSILLON CA						\$	7758	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				I SUBSCRIBER GROU		9
COMMUNITY/ ARE	Д		0	COMMUNITY/ ARE	Α		0	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
								Otations
Total DSEs			0.00	Total DSEs			0.00	
	t Croup	•	0.00		and Craun	Φ	0.00	
Gross Receipts Firs	t Group	*	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWEN	ΓY-SEVENTH	SUBSCRIBER GRO	DUP	TWE	NTY-EIGHTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
			scriber group	as shown in the boxes	s above.			
Inter here and in bl			- •			\$		

	LE SYSTEM: IC				•	7758	Name
BLOCK A	: COMPUTATION O	F BASE R	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	H SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicate Exclusivi
							Surcharg
							for
							Partially
							Distant
							Stations
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	ı
THIRTY-FIRS	T SUBSCRIBER GRO	JP	THIR	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>					
-otal DSEs		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	

LEGAL NAME OF OWI MASSILLON CA						S	7758	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		†		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Gtations
Total DSEs		"	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	Стопр	<u>*</u>				<u>*</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		Ħ		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWI						S	7758	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
THIRT	Y-SEVENTH	SUBSCRIBER GRO)UP	TH	RTY-EIGHTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
						.		Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IRTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						.		
Total DSEs			0.00	Total DSEs			0.00	
	l Group	¢	0.00		rth Crous		0.00	
Gross Receipts Third	ι Οιουρ	\$	0.00	Gross Receipts Fou	тит Стоир	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

					LEGAL NAME OF OWNER MASSILLON CABL
MPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP					
<u> </u>			SUBSCRIBER GROU	TY-FIRST	
O COMMUNITY/ AREA O Computatio	OMMUNITY/ AREA	U			COMMUNITY/ AREA
	CALL SIGN D	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fo					
and and					
Syndicated					
Exclusivity Surcharge					
for					
Partially					
Distant					
Stations Stations					
				···	
0.00 Total DSEs	otal DSEs	0.00			otal DSEs
0.00 Gross Receipts Second Group \$ 0.00	ross Receipts Second Gro	0.00	\$	roup	Pross Receipts First Gr
0.00 Base Rate Fee Second Group \$ 0.00	ase Rate Fee Second Gro	0.00	\$	roup	ase Rate Fee First Gr
	FORTY-FO		SUBSCRIBER GROU	TY-THIRD	FOR
O COMMUNITY/ AREA O	OMMUNITY/ AREA	0			OMMUNITY/ AREA
ALL SIGN DSE CALL SIGN DSE	CALL SIGN D	DSE	CALL SIGN	DSE	CALL SIGN
				···	
0.00 Total DSEs	otal DSEs	0.00			otal DSEs
0.00 Gross Receipts Fourth Group \$ 0.00	ross Receipts Fourth Gro	0.00	\$	Group	Gross Receipts Third G
		0.00		Group	

MASSILLON CABLE TV	BLE SYSTEM: I NC					7758	Name
	A: COMPUTATION C						
	TH SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA	<i>\</i>		0	Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicate
							Exclusivity Surcharge
							for
							Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FORTY-SEVEN	TH SUBSCRIBER GRO	OUP	FO	RTY-FIGHTH	I SUBSCRIBER GRO	IID.	
			+	KIII LIOIIII	1 30B3CKIBEK GKO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA		T SUBSCRIBER GRO	0	
CALL SIGN DSE	CALL SIGN		 		CALL SIGN		
	CALL SIGN	0	COMMUNITY/ AREA	A		0	
	CALL SIGN	0	COMMUNITY/ AREA	A		0	
	CALL SIGN	0	COMMUNITY/ AREA	A		0	
	CALL SIGN	0	COMMUNITY/ AREA	A		0	
	CALL SIGN	0	COMMUNITY/ AREA	A		0	
	CALL SIGN	0	COMMUNITY/ AREA	A		0	
	CALL SIGN	0	COMMUNITY/ AREA	A		0	
	CALL SIGN	0	COMMUNITY/ AREA	A		0	
	CALL SIGN	0	COMMUNITY/ AREA	A		0	
CALL SIGN DSE	CALL SIGN	0	COMMUNITY/ AREA	A		0	
	CALL SIGN	0	COMMUNITY/ AREA	A		0	
	CALL SIGN	0	COMMUNITY/ AREA	A		0	
	CALL SIGN	0	COMMUNITY/ AREA	A		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE		DSE	
CALL SIGN DSE		DSE	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

LEGAL NAME OF OWI						S	7758	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Gtations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Orosa Neceipia i iisi	Огоир	Ψ	0.00	Cross Receipts dec	она Огоар	Ψ	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
I	FIFTY-FIRST	SUBSCRIBER GRO		FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						.		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIFTY-THIRD SUBSCRIBER GROUP NITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate and
NITY/ AREA O COMMUNITY/ AREA Computation SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate
Computation SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate
Base Rate
and
Syndicat Syndicat
Exclusiv
Surchar
for David
Partiall Distan
Station
Es Total DSEs 0.00
eceipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00
ate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
FIFTY-FIFTH SUBSCRIBER GROUP NITY/ AREA 0 COMMUNITY/ AREA 0
NITTY AREA
SIGN DSE CALL SIGN DSE CALL SIGN DSE
Es Total DSEs
eceipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00

Nama	YSTEM ID# 7758	S						LEGAL NAME OF OWNE MASSILLON CABL
				E FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computation	0			COMMUNITY/ AREA	0		***************************************	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated Exclusivity								
Surcharge								
for								
Partially								
Distant								
Stations								
							···	
	2.22				2.22			
	0.00			Total DSEs	0.00			Γotal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	SIXTIETH		IP	SUBSCRIBER GROL	TY-NINTH	FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							···	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
	0.00							

		SYSTEM ID# IASSILLON CABLE TV INC 7758								
BLOCK A	: COMPUTATION C	OF BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP					
SIXTY-FIRS	T SUBSCRIBER GRO	DUP	SIX	TY-SECOND	SUBSCRIBER GRO	UP	9			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	COMMUNITY/ AREA						
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of			
							Base Rate F			
							and			
							Syndicate			
							Exclusivity			
							Surcharge			
							for Partially			
				<u></u>			Distant			
							Stations			
							Otations			
otal DSEs		0.00	Total DSEs			0.00				
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00				
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00				
SIXTY-THIR			H							
<u> </u>	D SUBSCRIBER GRO	SROUP SIXTY-FOURTH SUBSCRIBER GRO O COMMUNITY/ AREA				UP				
	D SUBSCRIBER GRO		11		I SUBSCRIBER GRO	UP 0				
	CALL SIGN		11		CALL SIGN	_				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0				
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE				
CALL SIGN DSE CALL SIGN DSE Fotal DSEs	CALL SIGN	0 DSE	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE				

LEGAL NAME OF OWNE			•			S	YSTEM ID# 7758	Name
				TE FEES FOR EACH				
SIX	KTY-FIFTH	SUBSCRIBER GROU		Si	XTY-SIXTH	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 G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU		11	Y-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	<u> </u>		0.00	
	Proup	<u> </u>	0.00		Group	<u> </u>	0.00	
Gross Receipts Third C	σιουρ	a a	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	oove.	\$		

MASSILLON CABLE TV	ABLE SYSTEM: INC				•	7758	Name
	A: COMPUTATION C		П				
	TH SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
					.		and
							Syndicate Exclusivit
							Surcharge
							for
							Partially
					.		Distant
							Stations
						2.22	
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	<u>\$</u>	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
			11				
SEVENTY-FIR	ST SUBSCRIBER GRO)UP	SEVEN	TY-SECOND	SUBSCRIBER GRO	UP	
	ST SUBSCRIBER GRO	0 0	SEVEN COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	
			II		SUBSCRIBER GRO		
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE		0	COMMUNITY/ AREA			0	
CALL SIGN DSE CALL SIGN DSE Total DSEs	CALL SIGN	0 DSE	CALL SIGN CALL SIGN Total DSEs	DSE		DSE	
COMMUNITY/ AREA		DSE	CALL SIGN	DSE	CALL SIGN	0 DSE	

LEGAL NAME OF OWN MASSILLON CAE						S	7758	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
SEVE	NTY-THIRD	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-FIFTH	SUBSCRIBER GRO)UP	SEV	'ENTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	7758	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SEVENT	Y-SEVENTH	SUBSCRIBER GRO	UP	SEVE	NTY-EIGHTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
-					-			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

Name	YSTEM ID# 7758	S						LEGAL NAME OF OWNE MASSILLON CABL
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	'-SECOND			SUBSCRIBER GROU	ITY-FIRST	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fo								
and								
Syndicated Exclusivity								
Surcharge								
for								
Partially Distant								
Stations								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First Gr
	IP	SUBSCRIBER GROU	/-FOURTH	EIGHT	IP	SUBSCRIBER GROU	TY-THIRD	EIGH [*]
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						_		
	<u></u>							
			•		•			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWI						S	7758	Nome
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						.		and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHT	Y-SEVENTH	SUBSCRIBER GRO		EIG	HTY-EIGHTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	-				•			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI						S	7758	Name	
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP			
EIC	HTY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	MUNITY/ AREA 0			Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
		SUBSCRIBER GRO		 		SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						.			
Total DSEs			0.00	Total DSEs	•		0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00		
									
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNE						S	YSTEM ID# 7758	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
NINE	TY-THIRD	SUBSCRIBER GRO	UP	NINE	TY-FOURTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
			<u></u>					Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	•	\$	0.00	Base Rate Fee Seco		\$	0.00	
	ETY-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	7758	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
NINET	Y-SEVENTH	SUBSCRIBER GRO)UP	NIN	ETY-EIGHTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
						. –		for
								Partially
								Distant
								Stations
						.		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	IETY-NINTH	SUBSCRIBER GRO)UP	ONE H	HUNDREDTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	-				•			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Foul	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

ME OF OWN			•			S	7758	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUND	RED FIRST	SUBSCRIBER GRO	UP	ONE HUNDR	ED SECOND	SUBSCRIBER GROU	JP	^
NITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0	9 Computation
ign	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						. —		Base Rate Fe
		-						and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
≣s			0.00	Total DSEs			0.00	
ceipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	- · · · · · · ·	<u> </u>			отта Отобр	·		
te Fee First (\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO		i i		SUBSCRIBER GROU	_	
NITY/ AREA			0	COMMUNITY/ AREA	4		0	
SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
							6.55	
Ēs			0.00	Total DSEs			0.00	
ceipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
te Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
e: Add	the base rat			as shown in the boxes	•	\$	3.00	

LEGAL NAME OF OWN						S	7758	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUND	RED FIFTH	SUBSCRIBER GRO		 		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRE	D SEVENTH	SUBSCRIBER GRO		ONE HUND	RED EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Cross Novelpts Tillo	Joup	*		TO TO TROOFING TOUR	rai Gioup	Ψ		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

							E TV INC	
	IP	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
,	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Comp	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base F						-	-	
a Synd							-	
Excl								
Surc								
fo		_						
Par Dis							-	
Stat								
							-	
							-	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	oup	ase Rate Fee First Gr
	IP	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP	SUBSCRIBER GROU	EVENTH	ONE HUNDRED E
	JP 0	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	EVENTH	
		SUBSCRIBER GROU	DSE	11		SUBSCRIBER GROU	DSE	OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			DMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			CALL SIGN
	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Diagram of the control of the
	DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	ONE HUNDRED EI OMMUNITY/ AREA CALL SIGN otal DSEs ross Receipts Third G

LEGAL NAME OF OWN MASSILLON CAE			•			S	YSTEM ID# 7758	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	BER GROUP		
ONE HUNDRED TH	HIRTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FO	URTEENTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			O	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	s	0.00	Gross Receipts Seco	nd Group	\$	0.00	
, , , , , , , , , , , , , , , , , , , ,						·		
Base Rate Fee First (•	\$	0.00	Base Rate Fee Seco	-	\$	0.00	
	FIFTEENTH	SUBSCRIBER GROU				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add to Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						\$	3YSTEM ID# 7758	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED SE	VENTEENTH	SUBSCRIBER GROUP		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	•	\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		 		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······································		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF C					S	7758	Name
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMPUTED CO	BLOCK	A: COMPUTATION (OF BASE RA					
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DE Base Rate and Syndicity Computer of the property		RST SUBSCRIBER GROU				SUBSCRIBER GROUP		٥
CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
and Syndicises Surchard Group Syndicises Station Station Syndicises Station Syndicises Station	CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndice Exclusion Surchastic Statio Stroke Statio								Base Rate I
Exclusi Surcha for Partia Dista Statio Total DSEs								and
Surcha for Partia Planta								Syndicate
Total DSEs Otal DSEs								
Partia Dista Statio Otal DSEs								_
otal DSEs								Partially
otal DSEs otal D								Distant
ase Rate Fee First Group S O.00 Base Rate Fee Second Group ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE C								Stations
Sirioss Receipts First Group Sase Rate Fee First Group ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL S								
Sirioss Receipts First Group Sase Rate Fee First Group ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL S								
Sirioss Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DS								
Siross Receipts First Group Base Rate Fee First Group ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SIGN								
Sirioss Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DS								
ASSER RATE FEE FIRST Group S O.00 SHUNDRED TWENTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE	otal DSEs		0.00	Total DSEs			0.00	
ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP ONMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN D	Bross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
OMMUNITY/ AREA O COMMUNITY/ AR	ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN D		IIRD SUBSCRIBER GROU				SUBSCRIBER GROUP	_	
otal DSEs Total DSEs	OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
	CALL SIGN DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		···········						
		············						
	- t- L DOE -		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	otal DSES		<u> </u>	Gross Pacaints Fou	rth Group	<u> </u>	0.00	
Total Maria State Total Maria		\$	0.00	HOIDS KELEINS III.		₩		
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	oral DSEs Gross Receipts Third Group	\$	0.00	Gross Neceipis rou	· iii Oloup			

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP COMPUTATION OCOMPUTATION OCOMPUTATION
REA 0 COMMUNITY/ AREA 0 Computation DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Of Base Rate F
DSE CALL SIGN DSE CALL SIGN DSE Of Base Rate F
DSE CALL SIGN DSE CALL SIGN DSE Of Base Rate F
and
Syndicated
Exclusivity Surcharge
for
Partially
Distant
Stations Stations
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00
First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
WENTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP
REA O COMMUNITY/ AREA O
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00
Fhird Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWN			•			5	7758	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROUP		†		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
		-						Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED T	HIRTY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED THI	RTY-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	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	- 	·				<u>·</u>		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE						S	3YSTEM ID# 7758	Name
		COMPUTATION O		TE FEES FOR EAC		IBER GROUP I 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 Fe
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
			<u></u>					
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third (∋roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	Group ne base rat	\$ e fees for each subse	0.00	Base Rate Fee Four	th Group			

LEGAL NAME OF OWN						\$	7758	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED THIR	TY-SEVENTH	SUBSCRIBER GROUI		TI .		SUBSCRIBER GROUP		Q
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
			<u>.</u>					for
								Partially
								Distant Stations
			·····					Otations
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	· .	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	7758	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP				ONE HUNDRED FO		9		
COMMUNITY/ AREA	COMMUNITY/ AREA 0				COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	Computation of			
								Base Rate Fee
								and
			<u></u>					Syndicated
			<u></u>					Exclusivity Surcharge
								for
								Partially
						.		Distant
			<u></u>					Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F	ORTY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED FO	RTY-FOURTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Four	rth Group	\$	0.00	
2.000 Roooipto Tilliu	. J. Jup	*			O. Oup	<u>*</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI MASSILLON CA						\$	7758	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		 		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of	
								Base Rate Fe
								and
								Syndicated
						. –		Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FOR	TY-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED F	ORTY-EIGHTH	I SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
,	•				•			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE			•			S	YSTEM ID# 7758	Name
[BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP 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 G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FI	FTY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add tl Enter here and in bloc			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWI MASSILLON CA			•			S	7758	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		ii e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of	
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
	Croun	•			and Craun	•	_	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	FIFTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	II as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER MASSILLON CABL			•			Sì	STEM ID# 7758	Name
			BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFTY	SEVENTH	SUBSCRIBER GROUP		11	TY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fe
								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 Secon				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-NINTH	SUBSCRIBER GROU	IP	ONE HUNDRED	SIXTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Гotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourth	Group	\$	0.00	
2.220 . toosiple rima O	P	-			2.54	<u>-</u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
e base				Base Rate Fee Fourth		\$	0.00	