

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

**SA3E  
 Long Form**

Return completed workbook by  
 email to:

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 Office Licensing Division at:  
 Tel: (202) 707-8150

**STATEMENT OF ACCOUNT**  
*for Secondary Transmissions by  
 Cable Systems (Long Form)*

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

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

|   |   |            |          |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
|---|---|------------|----------|--------------|--|--|--|-----------------|--|--|--|---|--|--|--|-----------------------|-------|------------|----------|-------------|-----------|----------|----------|-----------------|-----------|----------|----------|---------------|-----------|----------|----------|
| <b>A</b><br>Accounting<br>Period  | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:<br><b>2019/2</b>   |            |          |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>B</b><br>Owner   | <p><b>Instructions:</b><br/>           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.<br/>           List any other name or names under which the owner conducts the business of the cable system.<br/> <i>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.</i></p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <b>007854</b>   |            |          |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
|   | <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br/> <b>CABLEONE, INC.</b></p> <p style="text-align: right;"><b>00785420192</b><br/><b>007854 2019/2</b></p> <p><b>210 E. EARLL DRIVE</b><br/> <b>PHOENIX, AZ 85012-2626</b></p>  |            |          |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>C</b><br>System  | <p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="3">IDENTIFICATION OF CABLE SYSTEM:<br/><b>SPARKLIGHT</b></td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="3">MAILING ADDRESS OF CABLE SYSTEM:<br/><b>606 NOBLE STREET</b><br/><small>(Number, street, rural route, apartment, or suite number)</small><br/><b>ANNISTON, AL 36201</b><br/><small>(City, town, state, zip code)</small></td> </tr> </table>   |            |          | 1            | IDENTIFICATION OF CABLE SYSTEM:<br><b>SPARKLIGHT</b> |  |  | 2               | MAILING ADDRESS OF CABLE SYSTEM:<br><b>606 NOBLE STREET</b><br><small>(Number, street, rural route, apartment, or suite number)</small><br><b>ANNISTON, AL 36201</b><br><small>(City, town, state, zip code)</small> |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 1   | IDENTIFICATION OF CABLE SYSTEM:<br><b>SPARKLIGHT</b>  |            |          |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 2   | MAILING ADDRESS OF CABLE SYSTEM:<br><b>606 NOBLE STREET</b><br><small>(Number, street, rural route, apartment, or suite number)</small><br><b>ANNISTON, AL 36201</b><br><small>(City, town, state, zip code)</small>  |            |          |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>D</b><br>Area<br>Served<br><br>First<br>Community<br><br>Sample                              | <p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td>CITY OR TOWN</td> <td colspan="3">STATE</td> </tr> <tr> <td><b>ANNISTON</b></td> <td colspan="3"><b>AL</b></td> </tr> <tr> <td colspan="4">Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td> </tr> <tr> <td>CITY OR TOWN (SAMPLE)</td> <td>STATE</td> <td>CH LINE UP</td> <td>SUB GRP#</td> </tr> <tr> <td><b>Alda</b></td> <td><b>MD</b></td> <td><b>A</b></td> <td><b>1</b></td> </tr> <tr> <td><b>Alliance</b></td> <td><b>MD</b></td> <td><b>B</b></td> <td><b>2</b></td> </tr> <tr> <td><b>Gering</b></td> <td><b>MD</b></td> <td><b>B</b></td> <td><b>3</b></td> </tr> </table> |            |          | CITY OR TOWN | STATE  |  |  | <b>ANNISTON</b> | <b>AL</b>  |  |  | Below is a sample for reporting communities if you report multiple channel line-ups in Space G. |  |  |  | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | <b>Alda</b> | <b>MD</b> | <b>A</b> | <b>1</b> | <b>Alliance</b> | <b>MD</b> | <b>B</b> | <b>2</b> | <b>Gering</b> | <b>MD</b> | <b>B</b> | <b>3</b> |
| CITY OR TOWN  | STATE   |            |          |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>ANNISTON</b>   | <b>AL</b>   |            |          |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| Below is a sample for reporting communities if you report multiple channel line-ups in Space G. |   |            |          |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| CITY OR TOWN (SAMPLE)   | STATE   | CH LINE UP | SUB GRP# |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Alda</b>   | <b>MD</b>   | <b>A</b>   | <b>1</b> |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Alliance</b>   | <b>MD</b>   | <b>B</b>   | <b>2</b> |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Gering</b>   | <b>MD</b>   | <b>B</b>   | <b>3</b> |              |  |  |  |                 |  |  |  |   |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |

**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 filing, a determination that would be made by a court of law.



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|--|--|--------------------|--------------------------------------|---------------------|------------------------------------|----------|
| <b>Name</b>  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>  |                    |                                      |                     | <b>SYSTEM ID#</b><br><b>007854</b> |          |
| <b>E</b><br><br><b>Secondary Transmission Service: Subscribers and Rates</b> | <p><b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br/> <b>In General:</b> 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).<br/> <b>Number of Subscribers:</b> 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).<br/> <b>Rate:</b> 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.<br/> <b>Block 1:</b> 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. <b>Note:</b> 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)."<br/> <b>Block 2:</b> 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.</p> |                    |                                      |                     |                                    |          |
|  | BLOCK 1  |                    | BLOCK 2                              |                     |                                    |          |
|  | CATEGORY OF SERVICE  | NO. OF SUBSCRIBERS | RATE                                 | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS                 | RATE     |
|  | <b>Residential:</b>  |                    |                                      |                     |                                    |          |
|  | • Service to first set   | 9,408              | \$ 40.00                             |                     |                                    |          |
|  | • Service to additional set(s)   |                    |                                      |                     |                                    |          |
|  | • FM radio (if separate rate)  |                    |                                      |                     |                                    |          |
|  | <b>Motel, hotel</b>  | 13                 | 6.75-14.00                           |                     |                                    |          |
|  | <b>Commercial</b>  | 601                | 5.50-47.00                           |                     |                                    |          |
|  | <b>Converter</b>   |                    |                                      |                     |                                    |          |
|  | • Residential  | 9,408              | \$ 2.75                              |                     |                                    |          |
|  | • Non-residential  | 601                |                                      |                     |                                    |          |
| <b>F</b><br><br><b>Services Other Than Secondary Transmissions: Rates</b>    | <p><b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b><br/> <b>In General:</b> 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.<br/> <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br/> <b>Block 2:</b> 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.</p>  |                    |                                      |                     |                                    |          |
|  | BLOCK 1  |                    |                                      | BLOCK 2             |                                    |          |
|  | CATEGORY OF SERVICE  | RATE               | CATEGORY OF SERVICE                  | RATE                | CATEGORY OF SERVICE                | RATE     |
|  | <b>Continuing Services:</b>  |                    | <b>Installation: Non-residential</b> |                     |                                    |          |
|  | • Pay cable  | \$ 18.00           | • Motel, hotel                       | VARIES              | STANDARD TIER                      | \$ 40.00 |
|  | • Pay cable—add'l channel  | \$ 12.00           | • Commercial                         | VARIES              |                                    |          |
|  | • Fire protection  |                    | • Pay cable                          |                     |                                    |          |
|  | • Burglar protection   |                    | • Pay cable-add'l channel            |                     |                                    |          |
|  | <b>Installation: Residential</b>   |                    | • Fire protection                    |                     |                                    |          |
|  | • First set  | \$ 90.00           | • Burglar protection                 |                     |                                    |          |
|  | • Additional set(s)  | \$ 30.00           | <b>Other services:</b>               |                     |                                    |          |
|  | • FM radio (if separate rate)  |                    | • Reconnect                          | \$ 90.00            |                                    |          |
|  | • Converter  |                    | • Disconnect                         |                     |                                    |          |
|  |  |                    | • Outlet relocation                  | \$ 30.00            |                                    |          |
|  |  |                    | • Move to new address                | \$ 30.00            |                                    |          |

|   |                                    |                    |  |                                   |                        |
|---|------------------------------------|--------------------|--|-----------------------------------|------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b>        |  |                                   |                        |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>   |                                    |                    |  |                                   |                        |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p> <p><b>Column 5:</b> 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.</p> <p>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.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                    |                    | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> <b>Primary Transmitters: Television</b> |                                   |                        |
| <b>CHANNEL LINE-UP AA</b>   |                                    |                    |  |                                   |                        |
| 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER           | 3. TYPE OF STATION | 4. DISTANT? (Yes or No)  | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| WABM-1  | 36                                 | I                  | Yes  | O                                 | BIRMINGHAM, AL         |
| WBRC  | 50                                 | I                  | No   |                                   | BIRMINGHAM, AL         |
| WBRC-2  | 50                                 | I                  | No   |                                   | BIRMINGHAM, AL         |
| WCIQ  | 7                                  | E                  | No   |                                   | MT. CHEAHA, AL         |
| WEAC-CD   | 34                                 | I                  | No   |                                   | JACKSONVILLE, AL       |
| WGWW  | 9                                  | N                  | No   |                                   | ANNISTON, AL           |
| WGWW-2  | 9                                  | I-M                | No   |                                   | ANNISTON, AL           |
| WGWW-3  | 9                                  | N-M                | No   |                                   | ANNISTON, AL           |
| WIAT-1  | 30                                 | N                  | Yes  | O                                 | BIRMINGHAM, AL         |
| WIAT-2  | 30                                 | I-M                | Yes  | O                                 | BIRMINGHAM, AL         |
| WIAT-3  | 30                                 | I-M                | Yes  | O                                 | BIRMINGHAM, AL         |
| WPXH  | 45                                 | I                  |  |                                   | GADSDEN, AL            |
| WTJP  | 26                                 | I                  |  |                                   | GADSDEN, AL            |
| WTTO  | 28                                 | I                  |  |                                   | HOMEWOOD, AL           |
| WTTO-2  | 28                                 | I                  |  |                                   | HOMEWOOD, AL           |
| WVTM  | 13                                 | N                  |  |                                   | BIRMINGHAM, AL         |
| WVTM-2  | 13                                 | I-M                |  |                                   | BIRMINGHAM, AL         |
| WVUA  | 23                                 | I                  |  |                                   | TUSCALOOSA, AL         |

See instructions for additional information on alphabetization.

|   |                                    |      |
|---|------------------------------------|------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> | Name |
|---|------------------------------------|------|

**PRIMARY TRANSMITTERS: TELEVISION**

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

**G**

**Primary Transmitters: Television**

**CHANNEL LINE-UP AA (CONT'D)**

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
|--------------|--------------------------|--------------------|-------------------------|-----------------------------------|------------------------|
| WTTO-3       | 28                       | I                  | No                      |                                   | HOMEWOOD, AL           |
| WTTO-4       | 28                       | I                  | No                      |                                   | HOMEWOOD, AL           |
| WBRC-3       | 50                       | I                  | No                      |                                   | BIRMINGHAM, AL         |
| WBRC-4       | 50                       | I                  | No                      |                                   | BIRMINGHAM, AL         |
|              |                          |                    |                         |                                   |                        |
|              |                          |                    |                         |                                   |                        |
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See instructions for additional information on alphabetization.



|   |                                    |                    |   |                                   |                        |
|---|------------------------------------|--------------------|---|-----------------------------------|------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b>        |   |                                   |                        |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>   |                                    |                    |   |                                   |                        |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p> <p><b>Column 5:</b> 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.</p> <p>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.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                    |                    | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> <div style="font-weight: bold;">Primary Transmitters:<br/>Television</div> |                                   |                        |
| <b>CHANNEL LINE-UP AB</b>   |                                    |                    |   |                                   |                        |
| 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER           | 3. TYPE OF STATION | 4. DISTANT? (Yes or No)   | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>  |                          | <b>SYSTEM ID#</b><br><b>007854</b> |                         | <b>Name</b>                       |                        |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>  |                          |                                    |                         |                                   |                        |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>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.</li><li>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.</li></ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p> <p><b>Column 5:</b> 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.</p> <p>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.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                          |                                    |                         |                                   |                        |
| <b>CHANNEL LINE-UP AD</b>  |                          |                                    |                         |                                   |                        |
| 1. CALL SIGN   | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION                 | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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**G**

**Primary Transmitters:  
Television**

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b> |
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**PRIMARY TRANSMITTERS: TELEVISION**

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

**G**  
**Primary Transmitters: Television**

**CHANNEL LINE-UP AE**

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b> |
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**PRIMARY TRANSMITTERS: TELEVISION**

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

G

Primary Transmitters:  
Television

**CHANNEL LINE-UP AF**

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b> |   |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>   |                                    |             |   |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station’s call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as “WETA-2”. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p> <p><b>Column 5:</b> 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.</p> <p>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.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                    |             | <div style="font-size: 2em; font-weight: bold; margin: 0;">G</div> <div style="font-weight: bold; margin-top: 10px;">Primary Transmitters: Television</div> |

| CHANNEL LINE-UP AG |                          |                    |                         |                                   |                        |
|--------------------|--------------------------|--------------------|-------------------------|-----------------------------------|------------------------|
| 1. CALL SIGN       | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b> |
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**PRIMARY TRANSMITTERS: TELEVISION**

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

**G**

**Primary Transmitters: Television**

**CHANNEL LINE-UP AH**

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b> |
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**PRIMARY TRANSMITTERS: TELEVISION**

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

**G**

**Primary Transmitters:  
Television**

**CHANNEL LINE-UP AI**

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b>        |   |                                   |                        |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>   |                                    |                    |   |                                   |                        |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p> <p><b>Column 5:</b> 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.</p> <p>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.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                    |                    | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> <div style="font-weight: bold;">Primary Transmitters:<br/>Television</div> |                                   |                        |
| <b>CHANNEL LINE-UP AJ</b>   |                                    |                    |   |                                   |                        |
| 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER           | 3. TYPE OF STATION | 4. DISTANT? (Yes or No)   | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> | Name |
|---|------------------------------------|------|

**PRIMARY TRANSMITTERS: TELEVISION**

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

**G**

**Primary Transmitters:  
Television**

| CHANNEL LINE-UP AL |                          |                    |                         |                                   |                        |
|--------------------|--------------------------|--------------------|-------------------------|-----------------------------------|------------------------|
| 1. CALL SIGN       | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b> |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>   |                                    |             |  |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p> <p><b>Column 5:</b> 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.</p> <p>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.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                    |             | <p><b>G</b></p> <p><b>Primary Transmitters: Television</b></p> |

| CHANNEL LINE-UP AN |                          |                    |                         |                                   |                        |
|--------------------|--------------------------|--------------------|-------------------------|-----------------------------------|------------------------|
| 1. CALL SIGN       | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> | Name |
|---|------------------------------------|------|

**PRIMARY TRANSMITTERS: TELEVISION**

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

G

**Primary  
Transmitters:  
Television**

| CHANNEL LINE-UP AP |                          |                    |                         |                                   |                        |
|--------------------|--------------------------|--------------------|-------------------------|-----------------------------------|------------------------|
| 1. CALL SIGN       | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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|---|------------------------------------|-------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b> |
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**PRIMARY TRANSMITTERS: TELEVISION**

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

**G**

**Primary Transmitters:  
Television**

**CHANNEL LINE-UP AQ**

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | SYSTEM ID#<br><b>007854</b> | Name |
|---|-----------------------------|------|

**PRIMARY TRANSMITTERS: TELEVISION**

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| CHANNEL LINE-UP AR |                          |                    |                         |                                   |                        |
|--------------------|--------------------------|--------------------|-------------------------|-----------------------------------|------------------------|
| 1. CALL SIGN       | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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Primary Transmitters: Television

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|---|------------------------------------|-------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b> |
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**PRIMARY TRANSMITTERS: TELEVISION**

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

**G**  
**Primary Transmitters:  
Television**

**CHANNEL LINE-UP AS**

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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|---|------------------------------------|-------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b> |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>   |                                    |             |  |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p> <p><b>Column 5:</b> 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.</p> <p>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.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                    |             | <div style="font-size: 2em; font-weight: bold; margin: 0;">G</div> <div style="font-weight: bold; margin: 5px 0;">Primary Transmitters:<br/>Television</div> |

| CHANNEL LINE-UP AT |                          |                    |                         |                                   |                        |
|--------------------|--------------------------|--------------------|-------------------------|-----------------------------------|------------------------|
| 1. CALL SIGN       | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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| <b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b><br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b> |
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**PRIMARY TRANSMITTERS: TELEVISION**

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

**G**

**Primary Transmitters:  
Television**

**CHANNEL LINE-UP AV**

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
|--------------|--------------------------|--------------------|-------------------------|-----------------------------------|------------------------|
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b> |
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**PRIMARY TRANSMITTERS: TELEVISION**

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

**G**

**Primary Transmitters:  
Television**

**CHANNEL LINE-UP AW**

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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|---|------------------------------------|-------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> | <b>Name</b> |
|---|------------------------------------|-------------|

**SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG**

**In General:** In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.

|

**Substitute  
Carriage:  
Special  
Statement and  
Program Log**

**1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE**

• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Yes  No

**Note:** If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.

**2. LOG OF SUBSTITUTE PROGRAMS**

**In General:** List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

**Column 1:** Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for further information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."

**Column 2:** If the program was broadcast live, enter "Yes." Otherwise enter "No."

**Column 3:** Give the call sign of the station broadcasting the substitute program.

**Column 4:** Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

**Column 5:** Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."

**Column 6:** State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."

**Column 7:** Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

| SUBSTITUTE PROGRAM  |                       |                           |                       | WHEN SUBSTITUTE CARRIAGE OCCURRED |                       |  | 7. REASON FOR DELETION |
|---------------------|-----------------------|---------------------------|-----------------------|-----------------------------------|-----------------------|--|------------------------|
| 1. TITLE OF PROGRAM | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION | 5. MONTH<br>AND DAY               | 6. TIMES<br>FROM — TO |  |                        |
|                     |                       |                           |                       |                                   | —                     |  |                        |
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|-------------|---|------------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> |
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**J**

**Part-Time Carriage Log**

**PART-TIME CARRIAGE LOG**

**In General:** This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

**Column 1 (Call sign):** Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

**Column 2 (Dates and hours of carriage):** For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE

| CALL SIGN | WHEN CARRIAGE OCCURRED |      |          | CALL SIGN | WHEN CARRIAGE OCCURRED |      |          |
|-----------|------------------------|------|----------|-----------|------------------------|------|----------|
|           | DATE                   | FROM | HOURS TO |           | DATE                   | FROM | HOURS TO |
|           |                        |      | —        |           |                        |      | —        |
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|--|---|---|----|---------------------|----------------------------|------------------|----|-----------------|----|---------------|----|------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>  | <b>SYSTEM ID#</b><br><b>007854</b>  | <b>Name</b>   |    |                     |                            |                  |    |                 |    |               |    |                  |
| <b>GROSS RECEIPTS</b><br><b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s) during the accounting period.   |   | <b>K</b><br><b>Gross Receipts</b>   |    |                     |                            |                  |    |                 |    |               |    |                  |
| <b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.  |   | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>2,849,186.69</b></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>   | \$ | <b>2,849,186.69</b> | (Amount of gross receipts) |                  |    |                 |    |               |    |                  |
| \$   | <b>2,849,186.69</b>   |   |    |                     |                            |                  |    |                 |    |               |    |                  |
| (Amount of gross receipts)   |   |   |    |                     |                            |                  |    |                 |    |               |    |                  |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe:<br><ul style="list-style-type: none"> <li>• Complete block 1, showing your minimum fee.</li> <li>• Complete block 2, showing whether your system carried any distant television stations.</li> <li>• If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>• If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul> <p>▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.</p> <p>▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.</p> <p>▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.</p> |   | <b>L</b><br><b>Copyright Royalty Fee</b>  |    |                     |                            |                  |    |                 |    |               |    |                  |
| Block 1  | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.<br>Line 1. Enter the amount of gross receipts from space K<br>Line 2. Multiply the amount in line 1 by 0.01064<br>Enter the result here.<br>This is your minimum fee.  | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>2,849,186.69</b></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>30,315.35</b></td> </tr> </table>  | \$ | <b>2,849,186.69</b> | \$                         | <b>30,315.35</b> |    |                 |    |               |    |                  |
| \$   | <b>2,849,186.69</b>   |   |    |                     |                            |                  |    |                 |    |               |    |                  |
| \$   | <b>30,315.35</b>  |   |    |                     |                            |                  |    |                 |    |               |    |                  |
| Block 2  | <b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.<br><ul style="list-style-type: none"> <li>• Did your cable system carry any distant television stations during the accounting period?<br/> <input type="checkbox"/> Yes—Complete the DSE schedule.      <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.</li> </ul>   |   |    |                     |                            |                  |    |                 |    |               |    |                  |
| Block 3  | Line 1. <b>BASE RATE FEE:</b> 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<br>Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero<br>Line 3. Add lines 1 and 2 and enter here   | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>8,918.81</b></td> </tr> <tr> <td style="text-align: right;"></td> <td style="text-align: right;"><b>0.00</b></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>8,918.81</b></td> </tr> </table>   | \$ | <b>8,918.81</b>     |                            | <b>0.00</b>      | \$ | <b>8,918.81</b> |    |               |    |                  |
| \$   | <b>8,918.81</b>   |   |    |                     |                            |                  |    |                 |    |               |    |                  |
|  | <b>0.00</b>   |   |    |                     |                            |                  |    |                 |    |               |    |                  |
| \$   | <b>8,918.81</b>   |   |    |                     |                            |                  |    |                 |    |               |    |                  |
| Block 4  | Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger<br>Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.<br>Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) .....<br>Line 4. <b>FILING FEE.</b> .....<br><b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b><br>Add Lines 1, 2 and 3 of block 4 and enter total here .....<br><br>Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.) | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>30,315.35</b></td> </tr> <tr> <td style="text-align: right;"></td> <td style="text-align: right;"><b>0.00</b></td> </tr> <tr> <td style="text-align: right;"></td> <td style="text-align: right;"><b>0.00</b></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>725.00</b></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>31,040.35</b></td> </tr> </table> | \$ | <b>30,315.35</b>    |                            | <b>0.00</b>      |    | <b>0.00</b>     | \$ | <b>725.00</b> | \$ | <b>31,040.35</b> |
| \$   | <b>30,315.35</b>  |   |    |                     |                            |                  |    |                 |    |               |    |                  |
|  | <b>0.00</b>   |   |    |                     |                            |                  |    |                 |    |               |    |                  |
|  | <b>0.00</b>   |   |    |                     |                            |                  |    |                 |    |               |    |                  |
| \$   | <b>725.00</b>   |   |    |                     |                            |                  |    |                 |    |               |    |                  |
| \$   | <b>31,040.35</b>  |   |    |                     |                            |                  |    |                 |    |               |    |                  |
|  |   | Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.   |    |                     |                            |                  |    |                 |    |               |    |                  |



|   |  |                                    |
|---|--|------------------------------------|
| <b>Name</b>   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>  | <b>SYSTEM ID#</b><br><b>007854</b> |
| <b>M</b><br><br><b>Channels</b>   | <p><b>CHANNELS</b></p> <p><b>Instructions:</b> 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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . . <span style="border: 1px solid black; padding: 2px 20px;">22</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 2px 20px;">290</span></p>   |                                    |
| <b>N</b><br><br><b>Individual to Be Contacted for Further Information</b> | <p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <u>EMERSON YEARWOOD</u> Telephone <u>602-364-6195</u></p> <p>Address <u>210 E. EARLL DRIVE</u><br/><small>(Number, street, rural route, apartment, or suite number)</small></p> <p><u>PHOENIX, AZ 85022-2626</u><br/><small>(City, town, state, zip)</small></p> <p>Email <u>emerson.yearwood@cableone.biz</u> Fax (optional) <u>602-364-6013</u></p>  |                                    |
| <b>O</b><br><br><b>Certification</b>                                      | <p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> <li>• I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li><input type="checkbox"/> (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</li> <li><input checked="" type="checkbox"/> (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.</li> </ul> <ul style="list-style-type: none"> <li>• 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)]</li> </ul> <div style="margin-top: 20px;"> <span style="font-size: 2em; margin-left: 10px;">X</span> <span style="border: 1px solid black; padding: 2px 20px; margin-left: 5px;">/s/ Raymond Storck</span> </div> <p style="font-size: small; margin-top: 10px;">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 "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: <b>RAYMOND STORCK</b></p> <hr style="border: 0; border-top: 1px dotted black; margin: 10px 0;"/> <p>Title: <u>VICE PRESIDENT</u><br/><small>(Title of official position held in corporation or partnership)</small></p> <p>Date: <u>February 28, 2020</u></p> |                                    |

**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 filing, a determination that would be made by a court of law.

|   |   |   |
|---|---|---|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   | <b>SYSTEM ID#</b><br><b>007854</b>                    | <b>Name</b>   |
| <p><b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b></p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</p> <p style="padding-left: 20px;">“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> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ _____</p>  |   | <p style="font-size: 2em; font-weight: bold;">P</p> <p style="text-align: center;"><b>Special Statement Concerning Gross Receipts Exclusion</b></p> |
| Name _____<br>Mailing Address _____<br>_____<br>_____   | Name _____<br>Mailing Address _____<br>_____<br>_____ |   |
| <p><b>INTEREST ASSESSMENTS</b></p> <p>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.</p> <p>Line 1 Enter the amount of late payment or underpayment . . . . . _____</p> <p style="text-align: right; padding-right: 20px;">x _____</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . _____ -</p> <p style="text-align: right; padding-right: 20px;">x _____ days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . _____ -</p> <p style="text-align: right; padding-right: 20px;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) . . . . . \$ _____ -</p> <p style="text-align: right; padding-right: 20px;">(interest charge)</p> <p>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@loc.gov">licensing@loc.gov</a>.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <p>Owner _____<br/>                 Address _____<br/>                 _____<br/>                 _____</p> <p>First community served _____<br/>                 Accounting period _____<br/>                 ID number _____</p> |   | <p style="font-size: 2em; font-weight: bold;">Q</p> <p style="text-align: center;"><b>Interest Assessment</b></p>                                   |

**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 filing, a determination that would be made by a court of law.



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|             |   |                                    |
|-------------|---|------------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b> | <b>SYSTEM ID#</b><br><b>007854</b> |
|-------------|---|------------------------------------|

### 3

**Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity**

**Instructions: CAPACITY**

**Column 1:** List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).

**Column 2:** For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.

**Column 3:** For each station, give the total number of hours that the station broadcast over the air during the accounting period.

**Column 4:** Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.

**Column 5:** For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."

**Column 6:** Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.)

| CATEGORY LAC STATIONS: COMPUTATION OF DSEs  |                                      |                                   |                            |               |        |
|---|--------------------------------------|-----------------------------------|----------------------------|---------------|--------|
| 1. CALL SIGN  | 2. NUMBER OF HOURS CARRIED BY SYSTEM | 3. NUMBER OF HOURS STATION ON AIR | 4. BASIS OF CARRIAGE VALUE | 5. TYPE VALUE | 6. DSE |
|   |                                      | ÷                                 | =                          | x             | =      |
|   |                                      | ÷                                 | =                          | x             | =      |
|   |                                      | ÷                                 | =                          | x             | =      |
|   |                                      | ÷                                 | =                          | x             | =      |
|   |                                      | ÷                                 | =                          | x             | =      |
|   |                                      | ÷                                 | =                          | x             | =      |
|   |                                      | ÷                                 | =                          | x             | =      |
|   |                                      | ÷                                 | =                          | x             | =      |
|   |                                      | ÷                                 | =                          | x             | =      |
|   |                                      | ÷                                 | =                          | x             | =      |
| <b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 2 of part 5 of this schedule, ..... |                                      |                                   |                            | <b>0.00</b>   |        |

### 4

**Computation of DSEs for Substitute-Basis Stations**

**Instructions:**

**Column 1:** Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:

- Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and
- Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).

**Column 2:** For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.

**Column 3:** Enter the number of days in the calendar year: 365, except in a leap year.

**Column 4:** Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).

| SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs  |                       |                           |        |              |                       |                           |        |
|---|-----------------------|---------------------------|--------|--------------|-----------------------|---------------------------|--------|
| 1. CALL SIGN  | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
|   |                       | ÷                         | =      |              |                       | ÷                         | =      |
|   |                       | ÷                         | =      |              |                       | ÷                         | =      |
|   |                       | ÷                         | =      |              |                       | ÷                         | =      |
|   |                       | ÷                         | =      |              |                       | ÷                         | =      |
|   |                       | ÷                         | =      |              |                       | ÷                         | =      |
|   |                       | ÷                         | =      |              |                       | ÷                         | =      |
|   |                       | ÷                         | =      |              |                       | ÷                         | =      |
| <b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 3 of part 5 of this schedule, ..... |                       |                           |        | <b>0.00</b>  |                       |                           |        |

### 5

**Total Number of DSEs**

**TOTAL NUMBER OF DSEs:** Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.

|                                       |   |  |             |
|---------------------------------------|---|--|-------------|
| 1. Number of DSEs from part 2 ● _____ | ▶ |  | <b>3.25</b> |
| 2. Number of DSEs from part 3 ● _____ | ▶ |  | <b>0.00</b> |
| 3. Number of DSEs from part 4 ● _____ | ▶ |  | <b>0.00</b> |

TOTAL NUMBER OF DSEs \_\_\_\_\_ ▶ **3.25**

|  |                    |             |  |                    |        |                             |                    |          |
|--|--------------------|-------------|--|--------------------|--------|-----------------------------|--------------------|----------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>  |                    |             |  |                    |        | SYSTEM ID#<br><b>007854</b> |                    | Name     |
| <b>Instructions:</b> Block A must be completed.<br>In block A:<br>• If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.<br>• If your answer if "No," complete blocks B and C below.  |                    |             |  |                    |        |                             |                    | <b>6</b> |
| <b>BLOCK A: TELEVISION MARKETS</b>   |                    |             |  |                    |        |                             |                    |          |
| Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?<br><input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.<br><input checked="" type="checkbox"/> No—Complete blocks B and C below.   |                    |             |  |                    |        |                             |                    |          |
| <b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>   |                    |             |  |                    |        |                             |                    |          |
| Column 1:<br>CALL SIGN<br>List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.) |                    |             | Column 2:<br>BASIS OF PERMITTED CARRIAGE<br>Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)<br>A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]<br>B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)<br>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]<br>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).<br>E Carried pursuant to individual waiver of FCC rules (76.7)<br>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981<br>G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]<br>M Retransmission of a distant multicast stream. |                    |        |                             |                    |          |
| Column 3:<br>List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.<br>*(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)   |                    |             |  |                    |        |                             |                    |          |
| 1. CALL SIGN   | 2. PERMITTED BASIS | 3. DSE      | 1. CALL SIGN   | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN                | 2. PERMITTED BASIS | 3. DSE   |
| <b>WABM-1</b>  | <b>A</b>           | <b>1.00</b> |  |                    |        |                             |                    |          |
| <b>WIAT-1</b>  | <b>A</b>           | <b>0.25</b> |  |                    |        |                             |                    |          |
| <b>WIAT-2</b>  | <b>M</b>           | <b>1.00</b> |  |                    |        |                             |                    |          |
| <b>WIAT-3</b>  | <b>M</b>           | <b>1.00</b> |  |                    |        |                             |                    |          |
|  |                    |             |  |                    |        |                             |                    |          |
|  |                    |             |  |                    |        |                             |                    |          |
|  |                    |             |  |                    |        |                             | <b>3.25</b>        |          |
| <b>BLOCK C: COMPUTATION OF 3.75 FEE</b>  |                    |             |  |                    |        |                             |                    |          |
| Line 1: Enter the total number of DSEs from part 5 of this schedule _____  |                    |             |  |                    |        |                             |                    |          |
| Line 2: Enter the sum of permitted DSEs from block B above _____   |                    |             |  |                    |        |                             |                    |          |
| Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.<br>(If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) _____   |                    |             |  |                    |        |                             |                    |          |
| Line 4: Enter gross receipts from space K (page 7) _____   |                    |             |  |                    |        |                             | x 0.0375           |          |
| Line 5: Multiply line 4 by 0.0375 and enter sum here _____   |                    |             |  |                    |        |                             | x                  |          |
| Line 6: Enter total number of DSEs from line 3 _____   |                    |             |  |                    |        |                             |                    |          |
| Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) _____  |                    |             |  |                    |        |                             | <b>0.00</b>        |          |

**6**

**Computation of 3.75 Fee**

**Do any of the DSEs represent partially permitted/ partially nonpermitted carriage? If yes, see part 9 instructions.**





|   |     |           |     |               |  |                                    |     |           |     |
|---|-----|-----------|-----|---------------|--|------------------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |               |  | <b>SYSTEM ID#</b><br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |               |  |                                    |     |           |     |
| FIRST SUBSCRIBER GROUP  |     |           |     |               | SECOND SUBSCRIBER GROUP                          |                                    |     |           |     |
| COMMUNITY/ AREA <b>ANNISTON</b>   |     |           |     |               | COMMUNITY/ AREA <b>JACKSONVILLE &amp; WEAVER</b> |                                    |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN     | DSE  | CALL SIGN                          | DSE | CALL SIGN | DSE |
|   |     |           |     | <b>WABM-1</b> | <b>1.00</b>                                      |                                    |     |           |     |
|   |     |           |     | <b>WIAT-1</b> | <b>0.25</b>                                      |                                    |     |           |     |
|   |     |           |     | <b>WIAT-2</b> | <b>1.00</b>                                      |                                    |     |           |     |
|   |     |           |     | <b>WIAT-3</b> | <b>1.00</b>                                      |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
| Total DSEs <b>0.00</b>  |     |           |     |               | Total DSEs <b>3.25</b>                           |                                    |     |           |     |
| Gross Receipts First Group <b>\$ 2,511,512.91</b>   |     |           |     |               | Gross Receipts Second Group <b>\$ 337,673.78</b> |                                    |     |           |     |
| Base Rate Fee First Group <b>\$ 0.00</b>  |     |           |     |               | Base Rate Fee Second Group <b>\$ 8,918.81</b>    |                                    |     |           |     |
| THIRD SUBSCRIBER GROUP  |     |           |     |               | FOURTH SUBSCRIBER GROUP                          |                                    |     |           |     |
| COMMUNITY/ AREA <b>0</b>  |     |           |     |               | COMMUNITY/ AREA <b>0</b>                         |                                    |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN     | DSE  | CALL SIGN                          | DSE | CALL SIGN | DSE |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
|   |     |           |     |               |  |                                    |     |           |     |
| Total DSEs <b>0.00</b>  |     |           |     |               | Total DSEs <b>0.00</b>                           |                                    |     |           |     |
| Gross Receipts Third Group <b>\$ 0.00</b>   |     |           |     |               | Gross Receipts Fourth Group <b>\$ 0.00</b>       |                                    |     |           |     |
| Base Rate Fee Third Group <b>\$ 0.00</b>  |     |           |     |               | Base Rate Fee Fourth Group <b>\$ 0.00</b>        |                                    |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |               |  | <b>\$ 8,918.81</b>                 |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |                                |                             |     |           |     |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |
| FIFTH SUBSCRIBER GROUP  |     |           |     |  | SIXTH SUBSCRIBER GROUP         |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| SEVENTH SUBSCRIBER GROUP  |     |           |     |  | EIGHTH SUBSCRIBER GROUP        |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |                                |                             |     |           |     |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |
| NINTH SUBSCRIBER GROUP  |     |           |     |  | TENTH SUBSCRIBER GROUP         |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| ELEVENTH SUBSCRIBER GROUP   |     |           |     |  | TWELVTH SUBSCRIBER GROUP       |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| THIRTEENTH SUBSCRIBER GROUP   |     |           |     |           | FOURTEENTH SUBSCRIBER GROUP                      |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| FIFTEENTH SUBSCRIBER GROUP  |     |           |     |           | SIXTEENTH SUBSCRIBER GROUP                       |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations



|   |     |           |     |  |                                |                             |     |           |     |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |
| SEVENTEENTH SUBSCRIBER GROUP  |     |           |     |  | EIGHTEENTH SUBSCRIBER GROUP    |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| NINETEENTH SUBSCRIBER GROUP   |     |           |     |  | TWENTIETH SUBSCRIBER GROUP     |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| TWENTY-FIRST SUBSCRIBER GROUP   |     |           |     |           | TWENTY-SECOND SUBSCRIBER GROUP                   |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| TWENTY-THIRD SUBSCRIBER GROUP   |     |           |     |           | TWENTY-FOURTH SUBSCRIBER GROUP                   |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |                                |                             |     |           |     |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |
| TWENTY-FIFTH SUBSCRIBER GROUP   |     |           |     |  | TWENTY-SIXTH SUBSCRIBER GROUP  |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| TWENTY-SEVENTH SUBSCRIBER GROUP   |     |           |     |  | TWENTY-EIGHTH SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |                                |                             |     |           |     |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |
| TWENTY-NINTH SUBSCRIBER GROUP   |     |           |     |  | THIRTIETH SUBSCRIBER GROUP     |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| THIRTY-FIRST SUBSCRIBER GROUP   |     |           |     |  | THIRTY-SECOND SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |                                |                             |     |           |     |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |
| THIRTY-THIRD SUBSCRIBER GROUP   |     |           |     |  | THIRTY-FOURTH SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| THIRTY-FIFTH SUBSCRIBER GROUP   |     |           |     |  | THIRTY-SIXTH SUBSCRIBER GROUP  |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations



|   |     |           |     |  |                                |                             |     |           |     |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |
| THIRTY-SEVENTH SUBSCRIBER GROUP   |     |           |     |  | THIRTY-EIGHTH SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| THIRTY-NINTH SUBSCRIBER GROUP   |     |           |     |  | FORTIETH SUBSCRIBER GROUP      |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |                                |                             |     |           |     |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |
| FORTY-FIRST SUBSCRIBER GROUP  |     |           |     |  | FORTY-SECOND SUBSCRIBER GROUP  |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| FORTY-THIRD SUBSCRIBER GROUP  |     |           |     |  | FORTY-FOURTH SUBSCRIBER GROUP  |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                | \$ _____                    |     |           |     |

**9**

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |                                |                             |     |           |     |  |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |  |
| FORTY-FIFTH SUBSCRIBER GROUP  |     |           |     |  | FORTY-SIXTH SUBSCRIBER GROUP   |                             |     |           |     |  |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |  |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |  |
|   |     |           |     |  |                                |                             |     |           |     |  |
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|   |     |           |     |  |                                |                             |     |           |     |  |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |  |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |  |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |  |
| FORTY-SEVENTH SUBSCRIBER GROUP  |     |           |     |  | FORTY-EIGHTH SUBSCRIBER GROUP  |                             |     |           |     |  |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |  |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |  |
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|   |     |           |     |  |                                |                             |     |           |     |  |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |  |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |  |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                | \$ _____                    |     |           |     |  |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| FORTY-NINTH SUBSCRIBER GROUP  |     |           |     |           | FIFTIETH SUBSCRIBER GROUP                        |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| FIFTY-FIRST SUBSCRIBER GROUP  |     |           |     |           | FIFTY-SECOND SUBSCRIBER GROUP                    |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

9

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| FIFTY-THIRD SUBSCRIBER GROUP  |     |           |     |           | FIFTY-FOURTH SUBSCRIBER GROUP                    |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| FIFTY-FIFTH SUBSCRIBER GROUP  |     |           |     |           | FIFTY-SIXTH SUBSCRIBER GROUP                     |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

9

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations



|   |     |           |     |           |   |                                      |     |           |     |
|---|-----|-----------|-----|-----------|---|--------------------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |   | SYSTEM ID#<br><b>007854</b>          |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |   |                                      |     |           |     |
| FIFTY-SEVENTH SUBSCRIBER GROUP  |     |           |     |           | FIFTY-EIGHTH SUBSCRIBER GROUP   |                                      |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>  |                                      |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE   | CALL SIGN                            | DSE | CALL SIGN | DSE |
|   |     |           |     |           |   |                                      |     |           |     |
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|   |     |           |     |           |   |                                      |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>  |                                      |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b>                            |                                      |     |           |     |
| Base Rate Fee First Group \$ <input type="text" value="0.00"/> <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ <input type="text" value="0.00"/> <b>0.00</b> |                                      |     |           |     |
| FIFTY-NINTH SUBSCRIBER GROUP  |     |           |     |           | SIXTIETH SUBSCRIBER GROUP   |                                      |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>  |                                      |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE   | CALL SIGN                            | DSE | CALL SIGN | DSE |
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|   |     |           |     |           |   |                                      |     |           |     |
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|   |     |           |     |           |   |                                      |     |           |     |
|   |     |           |     |           |   |                                      |     |           |     |
|   |     |           |     |           |   |                                      |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>  |                                      |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b>                            |                                      |     |           |     |
| Base Rate Fee Third Group \$ <input type="text" value="0.00"/> <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ <input type="text" value="0.00"/> <b>0.00</b> |                                      |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |   | \$ <input type="text" value="0.00"/> |     |           |     |

**9**

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| SIXTY-FIRST SUBSCRIBER GROUP  |     |           |     |           | SIXTY-SECOND SUBSCRIBER GROUP                    |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| SIXTY-THIRD SUBSCRIBER GROUP  |     |           |     |           | SIXTY-FOURTH SUBSCRIBER GROUP                    |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |                                |                             |     |           |     |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |
| SIXTY-FIFTH SUBSCRIBER GROUP  |     |           |     |  | SIXTY-SIXTH SUBSCRIBER GROUP   |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| SIXTY-SEVENTH SUBSCRIBER GROUP  |     |           |     |  | SIXTY-EIGHTH SUBSCRIBER GROUP  |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| SIXTY-NINTH SUBSCRIBER GROUP  |     |           |     |           | SEVENTIETH SUBSCRIBER GROUP                      |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| SEVENTY-FIRST SUBSCRIBER GROUP  |     |           |     |           | SEVENTY-SECOND SUBSCRIBER GROUP                  |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

9

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |                                 |                             |     |           |     |
|---|-----|-----------|-----|--|---------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                 | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                 |                             |     |           |     |
| SEVENTY-THIRD SUBSCRIBER GROUP  |     |           |     |  | SEVENTY-FOURTH SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b>  |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                             | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                 |                             |     |           |     |
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|   |     |           |     |  |                                 |                             |     |           |     |
|   |     |           |     |  |                                 |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                 |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                 |                             |     |           |     |
| SEVENTY-FIFTH SUBSCRIBER GROUP  |     |           |     |  | SEVENTY-SIXTH SUBSCRIBER GROUP  |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b>  |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                             | CALL SIGN                   | DSE | CALL SIGN | DSE |
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|   |     |           |     |  |                                 |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                 |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                 |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                 | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| SEVENTY-SEVENTH SUBSCRIBER GROUP  |     |           |     |           | SEVENTY-EIGHTH SUBSCRIBER GROUP                  |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| SEVENTY-NINTH SUBSCRIBER GROUP  |     |           |     |           | EIGHTIETH SUBSCRIBER GROUP                       |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations



|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| EIGHTY-FIRST SUBSCRIBER GROUP   |     |           |     |           | EIGHTY-SECOND SUBSCRIBER GROUP                   |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| EIGHTY-THIRD SUBSCRIBER GROUP   |     |           |     |           | EIGHTY-FOURTH SUBSCRIBER GROUP                   |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |                                |                             |     |           |     |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |
| EIGHTY-FIFTH SUBSCRIBER GROUP   |     |           |     |  | EIGHTY-SIXTH SUBSCRIBER GROUP  |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| EIGHTY-SEVENTH SUBSCRIBER GROUP   |     |           |     |  | EIGHTY-EIGHTH SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                |                             |     |           |     |
| \$ _____  |     |           |     |  |                                |                             |     |           |     |

**9**

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |                                |                             |     |           |     |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |
| EIGHTY-NINTH SUBSCRIBER GROUP   |     |           |     |  | NINTIETH SUBSCRIBER GROUP      |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| NINETY-FIRST SUBSCRIBER GROUP   |     |           |     |  | NINETY-SECOND SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                | \$ _____                    |     |           |     |

**9**

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |                                |                             |     |           |     |
|---|-----|-----------|-----|--|--------------------------------|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |                                | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |                                |                             |     |           |     |
| NINETY-THIRD SUBSCRIBER GROUP   |     |           |     |  | NINETY-FOURTH SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| NINETY-FIFTH SUBSCRIBER GROUP   |     |           |     |  | NINETY-SIXTH SUBSCRIBER GROUP  |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |
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|   |     |           |     |  |                                |                             |     |           |     |
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|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
|   |     |           |     |  |                                |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                                |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                                |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |                                | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| NINETY-SEVENTH SUBSCRIBER GROUP   |     |           |     |           | NINETY-EIGHTH SUBSCRIBER GROUP                   |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| NINETY-NINTH SUBSCRIBER GROUP   |     |           |     |           | ONE HUNDREDTH SUBSCRIBER GROUP                   |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| ONE HUNDRED FIRST SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED SECOND SUBSCRIBER GROUP              |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| ONE HUNDRED THIRD SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED FOURTH SUBSCRIBER GROUP              |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

9

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations



|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| ONE HUNDRED FIFTH SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED SIXTH SUBSCRIBER GROUP               |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| ONE HUNDRED SEVENTH SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED EIGHTH SUBSCRIBER GROUP              |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| ONE HUNDRED NINTH SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED TENTH SUBSCRIBER GROUP               |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| ONE HUNDRED ELEVENTH SUBSCRIBER GROUP   |     |           |     |           | ONE HUNDRED TWELVTH SUBSCRIBER GROUP             |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP   |     |           |     |           | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP          |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP           |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |   |                             |     |           |     |
|---|-----|-----------|-----|--|---|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |   | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |   |                             |     |           |     |
| ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP  |     |           |     |  | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b>          |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                                     | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |   |                             |     |           |     |
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|   |     |           |     |  |   |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |   |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |   |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |   |                             |     |           |     |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP   |     |           |     |  | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP  |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b>          |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                                     | CALL SIGN                   | DSE | CALL SIGN | DSE |
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| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |   |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |   |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |   |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |   | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |  |                             |     |           |     |
|---|-----|-----------|-----|--|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |  |                             |     |           |     |
| ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP   |     |           |     |  | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b>             |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |  |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |  |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |  |                             |     |           |     |
| ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP   |     |           |     |  | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b>             |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |  |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |  |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |  | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|  |     |           |     |  |  |                             |     |           |     |    |  |
|--|-----|-----------|-----|--|--|-----------------------------|-----|-----------|-----|----|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>  |     |           |     |  |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |    |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>  |     |           |     |  |  |                             |     |           |     |    |  |
| ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP  |     |           |     |  | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP  |                             |     |           |     |    |  |
| COMMUNITY/ AREA _____ <b>0</b>   |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b>             |                             |     |           |     |    |  |
| CALL SIGN  | DSE | CALL SIGN | DSE | CALL SIGN  | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |    |  |
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| Total DSEs _____ <b>0.00</b>   |     |           |     | Total DSEs _____ <b>0.00</b>                     |  |                             |     |           |     |    |  |
| Gross Receipts First Group \$ _____ <b>0.00</b>  |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |  |                             |     |           |     |    |  |
| Base Rate Fee First Group \$ _____ <b>0.00</b>   |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |  |                             |     |           |     |    |  |
| ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP  |     |           |     |  | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP |                             |     |           |     |    |  |
| COMMUNITY/ AREA _____ <b>0</b>   |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b>             |                             |     |           |     |    |  |
| CALL SIGN  | DSE | CALL SIGN | DSE | CALL SIGN  | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |    |  |
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| Total DSEs _____ <b>0.00</b>   |     |           |     | Total DSEs _____ <b>0.00</b>                     |  |                             |     |           |     |    |  |
| Gross Receipts Third Group \$ _____ <b>0.00</b>  |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |  |                             |     |           |     |    |  |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>   |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |  |                             |     |           |     |    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <table style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"> <tr> <td style="text-align: right;">\$</td> <td style="background-color: yellow;"></td> </tr> </table> |     |           |     |  |  |                             |     |           |     | \$ |  |
| \$   |     |           |     |  |  |                             |     |           |     |    |  |

**9**

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP   |     |           |     |           | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP           |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP   |     |           |     |           | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations



|   |     |           |     |  |  |                             |     |           |     |
|---|-----|-----------|-----|--|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |  |                             |     |           |     |
| ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP   |     |           |     |  | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b>             |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |  |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |  |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |  |                             |     |           |     |
| ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP   |     |           |     |  | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP  |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b>             |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |  |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |  |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |  | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |   |                                      |     |           |     |
|---|-----|-----------|-----|-----------|---|--------------------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |   | SYSTEM ID#<br><b>007854</b>          |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |   |                                      |     |           |     |
| ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP   |     |           |     |           | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP                                  |                                      |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>  |                                      |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE   | CALL SIGN                            | DSE | CALL SIGN | DSE |
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|   |     |           |     |           |   |                                      |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>  |                                      |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b>                            |                                      |     |           |     |
| Base Rate Fee First Group \$ <input type="text" value="0.00"/> <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ <input type="text" value="0.00"/> <b>0.00</b> |                                      |     |           |     |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP   |     |           |     |           | ONE HUNDRED FORTIETH SUBSCRIBER GROUP                                       |                                      |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>  |                                      |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE   | CALL SIGN                            | DSE | CALL SIGN | DSE |
|   |     |           |     |           |   |                                      |     |           |     |
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|   |     |           |     |           |   |                                      |     |           |     |
|   |     |           |     |           |   |                                      |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>  |                                      |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b>                            |                                      |     |           |     |
| Base Rate Fee Third Group \$ <input type="text" value="0.00"/> <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ <input type="text" value="0.00"/> <b>0.00</b> |                                      |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |   | \$ <input type="text" value="0.00"/> |     |           |     |

9

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |  |   |                             |     |           |     |
|---|-----|-----------|-----|--|---|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |  |   | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |  |   |                             |     |           |     |
| ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP  |     |           |     |  | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b>            |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                                       | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |   |                             |     |           |     |
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| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |   |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |   |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |   |                             |     |           |     |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  |     |           |     |  | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |  | COMMUNITY/ AREA _____ <b>0</b>            |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN  | DSE                                       | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |  |   |                             |     |           |     |
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|   |     |           |     |  |   |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     | Total DSEs _____ <b>0.00</b>                     |   |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |   |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |   |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |  |   | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP         |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP        |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP            |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP        |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP        |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP         |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
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| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

**9**  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|   |     |           |     |           |  |                             |     |           |     |
|---|-----|-----------|-----|-----------|--|-----------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLEONE, INC.</b>   |     |           |     |           |  | SYSTEM ID#<br><b>007854</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>   |     |           |     |           |  |                             |     |           |     |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP        |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
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|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Second Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee First Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP  |     |           |     |           | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP            |                             |     |           |     |
| COMMUNITY/ AREA _____ <b>0</b>  |     |           |     |           | COMMUNITY/ AREA _____ <b>0</b>                   |                             |     |           |     |
| CALL SIGN   | DSE | CALL SIGN | DSE | CALL SIGN | DSE  | CALL SIGN                   | DSE | CALL SIGN | DSE |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
|   |     |           |     |           |  |                             |     |           |     |
| Total DSEs _____ <b>0.00</b>  |     |           |     |           | Total DSEs _____ <b>0.00</b>                     |                             |     |           |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>   |     |           |     |           | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |                             |     |           |     |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>  |     |           |     |           | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |                             |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |  | \$ _____                    |     |           |     |

9

Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations