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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

## SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting Period	2019/2									
<b>B</b> Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	CABLE ONE, INC.									
				00797520192						
				007975 2019/2						
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626									
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•								
	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	of the system, if di	fferent from the address gi	ven in space B.						
System	SPARKLIGHT									
	MAILING ADDRESS OF CABLE SYSTEM: 401 BAYLOR STREET (Number, street, rural route, apartment, or suite number) TEXARKANA, TX 75501 (City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and r	elist on page 1b						
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First	TEXARKANA	TX								
Community	Below is a sample for reporting communities if you report multiple ch		·							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda Alliance	MD MD	A B	1 2						
	Gering	MD	В	3						
				•						

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.			SYSTEM ID# 007975								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.											
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should b	e reported in pare	entheses								
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).											
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.											
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#								
TEXARKANA	TX			First							
BOWIE COUNTY (PORTIONS)	TX			Community							
FOUKE	AR										
LEARY MILLER COUNTY (PORTIONS)	TX AR										
NASH	TX			See instructions for							
REDLICK	TX			additional information							
REDWATER	TX			on alphabetization.							
TEXARKANA	AR										
WAKE VILLAGE	TX										
				Add rows as necessary.							
				,							
			***************************************								
			***************************************								
	***************************************										

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007975

# E

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLC	BLOCK 1 BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS	NATE	CATEGORT OF SERVICE	SUBSCRIBERS	NATE	
Service to first set	6,088	\$ 40.00	NURSING HOMES	985	7.50-24.75	
<ul> <li>Service to additional set(s)</li> </ul>			APARTMENTS	130	\$ 38.00	
<ul> <li>FM radio (if separate rate)</li> </ul>			PRISONS	179	\$ 8.00	
Motel, hotel	1,512	7.50-1.50	RV PARKS	91	\$ 8.00	
Commercial	413	\$ 80.00	DORM ROOMS	127	\$ 10.00	
Converter						
<ul> <li>Residential</li> </ul>						
<ul> <li>Non-residential</li> </ul>						

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK	2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVIO	CE RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	15.00-44.00	Motel, hotel		EXPANDED BASIC	\$ 40.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	0-90.00	Burglar protection			
<ul><li>Additional set(s)</li></ul>	\$ 60.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$ 90.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	\$ 30.00		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** (Yes or No) **CARRIAGE** OF **NUMBER STATION** (If Distant) KLFI-LP 35 ı No TEXARKANA See instructions for additional information KMSS-DT 34 ı No SHREVEPORT, LA on alphabetization. KPXJ-1 21 I-M MINDEN, LA No KPXJ-2 21 I-M No MINDEN, LA KPXJ-3 21 I-M No MINDEN, LA KPXJ-4 21 I-M No MINDEN, LA KSHV 44 No SHREVEPORT, LA ı KSLA-2 17 I-M No SHREVEPORT, LA KSLA-3 17 I-M No SHREVEPORT, LA KSLA-1 17 N-M No SHREVEPORT, LA **TEXARKANA** KTAL-DT 15 Ν No KTBS-1 SHREVEPORT, LA 28 I-M No KTBS-2 28 N-M No SHREVEPORT, LA KTBS-3 SHREVEPORT, LA 28 I-M No KTEV-LP ı **TEXARKANA** 13 No **KLTS** 24 Ε No SHREVEPORT, LA

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN		OTEWI.			007975	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETAWETA-simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multicate for the meaning of the Column 4: If the state planation of local service Column 5: If you he cable system carried the distant state For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable signature of these the Column 6: Give the capital states of the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable signature of the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable signature of the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable system 6: Give the Column 6: Give the cable system 6: Give the Column 6: Give the	chere in space only on a substand also in space and also in space of station continuation continuation continuation continuation continuation continuation continuation continuation capacity and continuation of a distant static continuation of a distant static continuation of a distant continuation continuation capacity continuation continuation capacity continuation capacity continuation capacity continuation capacity continuation capacity canadian statical continuation capacity capac	ations, or auth G—but do listitute basis. ace I, if the state that sign. Do not he a station act streams must ber the FCC lee, WRC is Che station. Whether the station. Whether the station accommercia page (v) of the ethe local serior during the me basis becamulticast stream or before Jumitter or an accommercia page (v) ach station. Foons, if any, givens	norizations: at it in space I (the ation was carried tute basis station report origination of the reported in the assigned to the assigned to the ation is a network of the general instruction of the general or U.S. stations, we the name of the	ne Special Statemed both on a substitutions, see page (v) of the program service ver-the-air designate column 1 (list each the television state hington, D.C. This pork station, an inder "E-M" (for network multipor "E-M" (for nonceptions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable system of the primary channel on any of instructions located list the community with	ent and Program Log)—if the  tute basis and also on some other of the general instructions located  es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example  tion for broadcasting over-the-air in a may be different from the channel  ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing any transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	Television	
		CHANN	EL LINE-UP	AB			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#			
CABLE ONE, II	NC.				007975	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
76.59(d)(2) and (4), 76 substitute program ba <b>Substitute Basis</b> \$	6.61(e)(2) and ( sis, as explaine <b>Stations:</b> With	(4), or 76.63 ( ed in the next respect to an	referring to 76.6 paragraph. y distant station	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television		
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.								
<ul> <li>List the station here, basis. For further in</li> </ul>	List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example			
			•		tion for broadcasting over-the-air in smay be different from the channel			
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	noncommercia page (v) of th	al educational), one general instru	or "E-M" (for nonc ections located in t	ommercial educational multicast).			
cable system carried t	ave entered "Y he distant stati	es" in columr on during the	4, you must co accounting peri	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system			
of a written agreemen	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not a une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing			
tion "E" (exempt). For explanation of these the	simulcasts, als	so enter "E". If s, see page (v	you carried the of the general	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.			
	Canadian statio	ons, if any, giv	e the name of t	he community wit	y to which the station is licensed by the handle which the station is identifed. In channel line-up.			
		CHANN	EL LINE-UP	AD				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				
***************************************								

LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#				
CABLE ONE, II	NC.				007975	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	ON							
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G			
•				•	tain network programs [sections and (2) certain stations carried on a	Primary			
substitute program ba	sis, as explaine	ed in the next	paragraph.		• •	Transmitters:			
				s carried by your	cable system on a substitute program	Television			
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
	station was carried only on a substitute basis.								
-	<ul> <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>								
		•			es such as HBO, ESPN, etc. Identify				
			•	•	ation. For example, report multi- ch stream separately; for example				
WETA-simulcast).			·	,					
			-		tion for broadcasting over-the-air in				
on which your cable sy	•		nannei 4 in vvas	nington, D.C. This	s may be different from the channel				
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial				
-	-	•	,	•	cast), "I" (for independent), "I-M"				
For the meaning of the	, .		, .	,	commercial educational multicast). the paper SA3 form.				
Column 4: If the st	ation is outside	e the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-				
planation of local serv									
· ·			•	•	stating the basis on which your tering "LAC" if your cable system				
carried the distant stat	tion on a part-ti	me basis bec	ause of lack of	activated channel	capacity.				
					y payment because it is the subject stem or an association representing				
_				-	ary transmitter, enter the designa-				
					ther basis, enter "O." For a further				
					ed in the paper SA3 form.  by to which the station is licensed by the				
					h which the station is identifed.				
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	channel line-up.				
		CHANN	EL LINE-UP	AE					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	]			
SIGN	CHANNEL		(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					
						·			
						]			
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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AG 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AH 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#			
CABLE ONE, II	NC.				007975	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G		
•				•	tain network programs [sections and (2) certain stations carried on a	Primary		
substitute program ba	sis, as explaine	ed in the next	paragraph.		• •	Transmitters:		
				s carried by your	cable system on a substitute program	Television		
basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
station was carried	•		-4'	المحادة والمحاط	ituta basis and also an associate a			
-	<ul> <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>							
		•			es such as HBO, ESPN, etc. Identify			
			•	•	ation. For example, report multi- ch stream separately; for example			
WETA-simulcast).			·	,				
			-		tion for broadcasting over-the-air in			
on which your cable sy			nannei 4 in vvas	nington, D.C. This	s may be different from the channel			
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercial			
-	-	•	,	•	cast), "I" (for independent), "I-M"			
For the meaning of the	, .		, .	,	commercial educational multicast). the paper SA3 form.			
Column 4: If the st	ation is outside	e the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-			
planation of local serv								
· ·			•	•	stating the basis on which your tering "LAC" if your cable system			
carried the distant stat	tion on a part-ti	me basis bec	ause of lack of	activated channel	capacity.			
					y payment because it is the subject stem or an association representing			
_				-	ary transmitter, enter the designa-			
					ther basis, enter "O." For a further			
					ed in the paper SA3 form.  by to which the station is licensed by the			
					h which the station is identifed.			
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	Al				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL		(Yes or No)	CARRIAGE				
	NUMBER	STATION	, ,	(If Distant)				
						1		
						•		
						1		
						1		
						1		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007975	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television	
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the							
station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example		
its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel		
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.							
	1	CHANN	EL LINE-UP	AK			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#			
CABLE ONE, II	NC.				007975	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
76.59(d)(2) and (4), 76 substitute program ba <b>Substitute Basis</b> \$	6.61(e)(2) and ( sis, as explaine <b>Stations:</b> With	(4), or 76.63 ( ed in the next respect to an	referring to 76.6 paragraph. y distant station	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television		
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.								
<ul> <li>List the station here, basis. For further in</li> </ul>	List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example			
			•		tion for broadcasting over-the-air in smay be different from the channel			
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), d ne general instru	or "E-M" (for nonc ctions located in t	ommercial educational multicast).			
-	ave entered "Y	es" in column	1 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system			
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing			
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.			
Column 6: Give th	e location of ea Canadian statio	ach station. Fo ons, if any, giv	or U.S. stations, re the name of the	list the communit he community with	y to which the station is licensed by the h which the station is identifed.			
		CHANN	EL LINE-UP	AN				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#			
CABLE ONE, II	NC.				007975	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and easis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a  cable system on a substitute program	Primary Transmitters: Television		
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <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> </ul>								
• List the station here,	and also in spa nformation cond	ace I, if the st			itute basis and also on some other of the general instructions located			
Column 1: List each multicast stream	ch station's call associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example			
			•		tion for broadcasting over-the-air in smay be different from the channel			
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
For the meaning of the	ese terms, see	page (v) of th	ne general instru	ctions located in t	commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex-			
-	ave entered "Y	es" in columr	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system			
of a written agreemen	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not a une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing			
tion "E" (exempt). For explanation of these the	simulcasts, als	so enter "E". If s, see page (v	you carried the of the general	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.			
	Canadian statio	ons, if any, giv	e the name of t	he community witl	ty to which the station is licensed by the hand hand hand hand hand hand hand hand			
		CHANN	EL LINE-UP	AP				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				
***************************************								

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007975	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary	
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	cable system on a substitute program	Transmitters: Television	
<ul><li>basis under specifc FC</li><li>Do not list the station station was carried</li></ul>	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the		
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
<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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).							
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel		
Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st	e in each case of the each case of the each cast), "E" (for no ese terms, see that its outside each cation is outside	whether the setter "N" (for no oncommercial page (v) of the the the local ser	etwork), "N-M" ( al educational), d e general instru vice area, (i.e. "	(for network multion or "E-M" (for nonconctions located in the distant"), enter "Y	es". If not, enter "No". For an ex-		
cable system carried t carried the distant stat	ave entered "Y he distant station on a part-ti	es" in column on during the me basis bec	a 4, you must co accounting peri ause of lack of a	mplete column 5, od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system		
of a written agreement the cable system and tion "E" (exempt). For	t entered into o a primary trans simulcasts, als	n or before Ju mitter or an a o enter "E". If	une 30, 2009, be ssociation repre you carried the	etween a cable sy esenting the prima channel on any o	stem or an association representing try transmitter, enter the designa- ther basis, enter "O." For a further		
Column 6: Give th	e location of ea Canadian statio	nch station. Fo	or U.S. stations, re the name of t	list the communit he community with	ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed. channel line-up.		
		•	EL LINE-UP	•	·		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	NOWBER	STATION		(II Distant)			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007975	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television	
<ul><li>basis under specifc FC</li><li>Do not list the station station was carried</li></ul>	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the		
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
<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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).							
Column 2: Give th	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel		
Column 3: Indicate educational station, by (for independent multi-	e in each case of entering the lecast), "E" (for n	whether the s etter "N" (for n oncommercia	etwork), "N-M" ( al educational), d	(for network multion or "E-M" (for nonc	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast).		
For the meaning of the Column 4: If the st planation of local serv	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-		
cable system carried t carried the distant stat	he distant stationion on a part-ti	on during the me basis bec	accounting peri ause of lack of a	od. Indicate by en activated channel	•		
of a written agreement	t entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	y payment because it is the subject stem or an association representing ary transmitter, enter the designa-		
explanation of these th	ree categories	, see page (v	of the general	instructions locate	ther basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the		
	Canadian statio	ons, if any, giv	e the name of t	he community with	n which the station is identifed.		
		CHANN	EL 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		

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#			
CABLE ONE, II	NC.				007975	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and ( sis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television		
Do not list the station	pasis under specifc FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.							
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.								
each multicast stream cast stream as "WETA	Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example							
			•		tion for broadcasting over-the-air in smay be different from the channel			
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	noncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	ommercial educational multicast).			
-	ave entered "Y	es" in column	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system			
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing			
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.			
Column 6: Give th	e location of ea Canadian statio	ach station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communit he community with	y to which the station is licensed by the handle had been station is identifed.			
		CHANN	EL LINE-UP	AT				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)				

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CABLE ONE, IN	NC.				007975	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
substitute program bas	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television	
<ul><li>basis under specifc FC</li><li>Do not list the station station was carried</li></ul>	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the		
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
<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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).							
Column 2: Give the	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in may be different from the channel		
Column 3: Indicate educational station, by	e in each case of entering the le	whether the setter "N" (for n	etwork), "N-M" (	(for network multic	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast).		
For the meaning of the Column 4: If the st planation of local serving	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-		
Column 5: If you h	ave entered "Y he distant station	es" in column on during the	4, you must co	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system		
of a written agreement	t entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	y payment because it is the subject stem or an association representing ary transmitter, enter the designa-		
explanation of these th	ree categories	, see page (v	of the general	instructions locate	ther basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the		
	Canadian statio	ons, if any, giv	e the name of t	he community with	n which the station is identifed.		
		CHANN	EL LINE-UP	AU			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
			•				
			•				
	I				İ		

LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#			
CABLE ONE, II	NC.				007975	Name		
PRIMARY TRANSMITT	ERS: TELEVISI	ON						
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G		
•				•	tain network programs [sections and (2) certain stations carried on a	Primary		
substitute program ba	sis, as explaine	ed in the next	paragraph.		• •	Transmitters:		
				s carried by your	cable system on a substitute program	Television		
•	basis under specifc FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the							
station was carried	only on a subs	titute basis.	. ,	·				
-	<ul> <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>							
		•			es such as HBO, ESPN, etc. Identify			
			•	•	ation. For example, report multi- ch stream separately; for example			
WETA-simulcast).	( Z . Omnaioaot	oli camo mac	n be reperted in	Coldinii i (not cat	on our or overline			
			-		tion for broadcasting over-the-air in			
on which your cable sy			nannel 4 in Was	hington, D.C. This	s may be different from the channel			
			tation is a netwo	ork station, an ind	ependent station, or a noncommercial			
-	-	•	,	•	cast), "I" (for independent), "I-M"			
For the meaning of the	, .		, .	,	commercial educational multicast). the paper SA3 form.			
					es". If not, enter "No". For an ex-			
planation of local serv								
· ·			•	•	stating the basis on which your tering "LAC" if your cable system			
carried the distant stat	tion on a part-ti	me basis bec	ause of lack of	activated channel	capacity.			
					y payment because it is the subject			
_				•	stem or an association representing ary transmitter, enter the designa-			
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any c	ther basis, enter "O." For a further			
					ed in the paper SA3 form.  by to which the station is licensed by the			
					h which the station is identifed.			
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AV				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	]		
SIGN	CHANNEL		(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
						·		
						1		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AW 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

LEGAL NAME OF OWNER OF CABLE ONE, INC.	CABLE SYST	EM:				SYSTEM ID# 007975	Name
SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every no	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former Fo	a distant stat CC rules, regi	ulations, or authorization	s. For a further	Contraction
SPECIAL STATEMENT     During the accounting perbroadcast by a distant state     Note: If your answer is "No	riod, did you tion?	ır cable systen	n carry, on a substitute bas	•	Yes	XNo	Substitute Carriage: Special Statement and Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, of the state of the	am on a separa attach addition nnetwork televion and that your authorization of use general BA Basketball: deast live, enterstation broader on's location (tons, if any, the when your system of the program carrolisted program carrols in effect design and the program ons in effect design and the program carrols and the program carrols in effect design and the program ons in effect design and the program ons in effect design and the program ons in effect design and the program on the program of the	nal pages.  vision program (substitute pour cable system substitute ins. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls."  er "Yes." Otherwise enter "lasting the substitute programe to community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:01 in was substituted for programing the accounting perior	orogram) that ed for the properal instructor "basketball No." am. e station is lice station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the lice under FCC	t, during the accounting gramming of another strictions located in the paper. List specific programment of the programment of t	eation er onth ely ed	
1. TITLE OF PROGRAM	UBSTITUT	E PROGRAM 3. STATION'S			IAGE OCCURRED	7. REASON FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		

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

**SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007975 CABLE ONE, INC. **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name					
CA	BLE ONE, INC.		007975						
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second entified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmis	sion service	<b>K</b> Gross Receipts					
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	_\$	1,560,279.74						
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of	f gross receipts)						
<ul><li>Instru</li><li>Con</li><li>Con</li><li>If yo fee t</li><li>If yo</li></ul>	copyright royalty fee  nstructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  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.  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.								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should by $k = 3$ below.	e entered on line	e 1 of						
If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ low.	entered on line 2	2 in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered o	on line						
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K								
	Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.								
	This is your minimum fee.	\$	16,601.38						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  No—Leave block 3 below blank and continued to the property of the proper	nn 4, you must o	check						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	-						
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00						
	Line 3. Add lines 1 and 2 and enter here	\$	-						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	_\$	16,601.38	Cable systems					
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.		0.00	submitting additional deposits under					
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	Section 111(d)(7) should contact					
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the appropriate					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	17,326.38	form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of	the	auditional lees.					

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	CABLE ONE, INC.	007975							
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Gildillicis	1. Enter the total number of channels on which the cable system carried television broadcast stations								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	l							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364-619	95							
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)								
	PHOENIX, AZ 85012-2626 (City, town, state, zip)								
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identifing in line 1 of space B and that the owner is not a corporation or partnership; or	ïed							
	(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 s in line 1 of space B.	system							
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]								
	X /s/ Raymond Storck								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	s the "F2"							
	Typed or printed name: RAYMOND STORCK								
	Title: VICE PRESIDENT  (Title of official position held in corporation or partnership)								
	Date: February 28, 2020								

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE. INC.  SYSTEM I  0079	Name						
CABLE ONE, INC. 0079	75						
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement						
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion						
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?							
X NO							
YES. Enter the total here and list the satellite carrier(s) below							
Name Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q						
Line 1 Enter the amount of late payment or underpayment	Interest Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_						
x days  Line 3 Multiply line 2 by the number of days late and enter the sum here							
x 0.00274							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)							
(interest charge)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.							
Owner Address							
First community served Accounting period							
ID number							

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

**ACCOUNTING PERIOD: 2019/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
I	CABLE ONE, INC.					007975			
	SUM OF DSEs OF CATEGORY "O" STATIONS: Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.								
<b>2</b> Computation of DSEs for	nstructions: n the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). n the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."								
Category "O"	Thorotal oddodional oldion, giv	0 1110 DOL 40 1.2	CATEGORY "O" STATION	NS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as									
necessary. Remember to copy all formula into new rows.									

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						S	SYSTEM ID#
Name	CABLE ONE	, INC.							007975
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity		C	ATEGORY LA	AC STATIONS:	COMPUTAT	ION OF D	SEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE		5. TYPE VALUE	6. DS	SE
			÷		=	Х		=	
			÷		=	X		=	
			÷ ÷			x		=	
			÷			^			
			÷		=	×		=	
			÷		=	х		=	
			÷		=	х		=	
	Add the DSEs	of CATEGORY LAC Sof each station.  Im here and in line 2 of page 2.		ule,	▶		0.00		
Computation of DSEs for Substitute-Basis Stations	<ul> <li>Was carried tions in effections in effections.</li> <li>Broadcast of space I).</li> <li>Column 2: If at your option.</li> <li>Column 3: If Column 4: If Column 4: If /li></ul>	e the call sign of each stands by your system in substant on October 19, 1976 (one or more live, nonnetwork for each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a progra as shown by the I ork programs during number of live, no spond with the info in the calendar y an 2 by the figure	am that your syster etter "P" in column g that optional carronnetwork program ormation in space I ear: 365, except in n column 3, and gi	n was permitted 7 of space I); an riage (as shown by as carried in substance).  a leap year.  ve the result in c	to delete und d y the word "Ye stitution for produced to the column 4. Rou	ler FCC rules  s" in column 2  rograms that very	of were deleted than the third	rm).
		SU	BSTITUTE-BA	ASIS STATION	IS: COMPUTA	ATION OF	DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUN OF PRO	MBER DGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		<u>.</u>		=			÷		=
							÷		=
				=			÷		=
		÷		=			÷		=
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS:	ule,			0.00		
5		ER OF DSEs: Give the ames applicable to your system		es in parts 2, 3, and	d 4 of this schedu	le and add the	em to provide	the total	
<b>Total Number</b>	1. Number o	f DSEs from part 2 ●				<b></b>		0.00	
of DSEs	2. Number o	f DSEs from part 3 ●				<u></u>		0.00	
	3. Number o	f DSEs from part 4 ●				<b></b>		0.00	
	TOTAL NUMBE	R OF DSEs					<b>&gt;</b> [		0.00

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

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID#	Nome
CABLE ONE, I	NC.							007975	Name
Instructions: Block In block A:  • If your answer if 'schedule.			art 6 and part 7	of the DSE sched	dule blank and	l complete part	8, (page 16) of th	е	6
• If your answer if	"No," complete blo	ocks B and C		TELEVIOLONI NA	ADVETO				Computation of
I <u> </u>	1981?	schedule—D	najor and small	ELEVISION Manager markets as defined the ELECTE THE REMAI	ned under sed		CC rules and regul	lations in	3.75 Fee
	BLOCK B: CARRIAGE OF PERMITTED DSEs								
Column 1: CALL SIGN  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: 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.)  PERMITTED 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)]  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)  C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]  D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).  E Carried pursuant to individual waiver of FCC rules (76.7)  *F A station previously carried on a part-time or substitute basis prior to June 25, 1981  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)]  M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
			•					0.00	
		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve					
Line 3: Subtract (If zero, le				of DSEs subject 7 of this schedule		ate.		0.00	
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here				х		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

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

Name	CABLE ONE, IN		SYSTEM:						S	YSTEM ID: 00797	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prior Column 1: List the or Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Formal A—Part-time spinal Telephone) To 6.59 B—Late-night prior To 6.61 S—Substitute car gener Column 5: Indicate Column 6: Compare in block	or to June 25, and sign for eacthe DSE for the the accounting the basis of cac CC rules and recialty program (d)(1),76.61(e) arriage under cal instructions the station's De the DSE figures information you information you all sign of the column 3 cac information you info	1981, under form ch distant station as the station for a sing period and year arriage on which the gulations cited I mming: Carriage, p(1), or 76.63 (refearriage under FC certain FCC rules in the paper SA3 (SE for the current res listed in columns of part 6 for this set as the station of part 6 for the station of part 6 for this set as the station of part 6 for the station of part 6 for this set as the statio	er FCC rules gover identifed by the engle accounting in which the care the station was copelow pertain to on a part-time bearing to 76.61(eng). The engliations of form.  It is a counting permits 2 and 5 and tation.	verilet per riag arr tho asi )(1 s 7 aut	entifed by the letter "F" ning part-time and subter "F" in column 2 of priod, occurring betweer ge and DSE occurred (ried by listing one of the se in effect on June 24s, of specialty program )).  (6.59(d)(3), 76.61(e)(3) thorizations. For further das computed in parts the smaller of the two see accurate and is subject to the subject t	stitute carria part 6 of the n January 1, (e.g., 1981/ e following land, 1, 1981.) ming under , or 76.63 (r r explanation 2, 3, and 4 of figures her	age.) DSE schedule 1978 and Jun 1). etters: FCC rules, se referring to n, see page (v of this schedule. This figure s	e. ne 30, 19 nctions ri) of the le. should be	81. e entered	
		PERMITTE	ED DSE FOR ST	ATIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			
	1. CALL SIGN	2. PRIC		CCOUNTING PERIOD		4. BASIS OF CARRIAGE		RESENT	6. P	ERMITTED DSE	
<b>7</b> Computation of the Syndicated	Instructions: Block A In block A: If your answer is If your answer is	"Yes," comple	te blocks B and 0	nk and complete		art 8 of the DSE sched					
Exclusivity			BLOC	K A: MAJOR	11	ELEVISION MARK	El				_
-	Is any portion of the c     Yes—Complete	•	·	ajor television ma	rke	et as defined by section.  No—Proceed to		rules in effect	June 24,	1981?	
	DI OOK D. O.		·/Ora-da D Oarstar	Otatiana		DI OCI	/ O- O	tation of France	DOE-		_
			rt 6 the primary of		$\dashv$		•	tation of Exem			
	Is any station listed in commercial VHF stati or in part, over the ca	on that places				Was any station listed nity served by the cab to former FCC rule 76	le system p	•	-		
	Yes—List each st  X No—Enter zero a		h its appropriate pe part 8.	ermitted DSE		Yes—List each st  X No—Enter zero a			ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN .	DSE	İ
							-				
				0.00					_	0.00	}
			TOTAL DSEs	0.00				TOTAL DS	iEs	0.00	ı

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	007975	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	60,279.74	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ _		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

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

ACCOUNTING PERIOD: 2019/2

		DSE S	SCHEDULE. PAGE 16.
Nama	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		CABLE ONE, INC.	007975
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.	
		Syndicated Exclusivity Surcharge	
8	You me 6 was • In blo	ctions:  Thus to complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A checked "Yes," use the total number of DSEs from part 5.  Thus to complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A checked "Yes," use the total number of DSEs from part 5.  Thus the total number of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A checked "Yes," use the total number of DSEs from part 5.	A of part
Computation of Base Rate Fee	• If you blank What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscri	ibers
		ocated within that station's local service area and others were located outside that area. For the definition of a station' e area," see page (v) of the general instructions.	's "local
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	L	Yes—Complete part 9 of this schedule.  X No—Complete the following sections.	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7) ▶ \$ 1,560,	,279.74_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.) ▶	0.00
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.	
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below  A. Enter 0.01064 of gross receipts  (the amount in parties 1)	•
		(the amount in section 1)	
		(the amount in section 1)	
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	<u>-</u>
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	<u> </u>

U.S. Copyright Office

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

1504: 1::-	AF OF CIAINED OF CARLE OVOTEM:	ID#
	ME OF OWNER OF CABLE SYSTEM:  SYSTEM	Nome
CABLE	ONE, INC. 0079	0/5
Section If	the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	
4		8
A	A. Enter 0.01064 of gross receipts	•
	(the amount in section 1) ► \$	
	3. Enter 0.00701 of gross receipts	Commutation
	(the amount in section 1) \$	Computation of
		Base Rate Fee
(	C. Multiply line B by 3.000 and enter here <b></b> ►\$	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) <b>&gt;</b> \$	
_		
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
F	F. Multiply line D by line E and enter here <b>&gt;</b> \$	
		_
'	G. Add lines A, C, and F. This is your base rate fee.  Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee   ▶ \$ 0.00	)
	ANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
shall inste	ead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line bace G	9
	al: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclud	е .
	rom subscribers located within the station's local service area, from your system's total gross receipts. To take advantage	
this exclu	sion, you must:	Base Rate Fee
First: Div	ride all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
station or	the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number	er of Syndicated
	d the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each grou Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
•		for
	any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	Partially Distant
However,	, if your cable system is wholly located outside all major television markets, complete block A only.	Stations, and
How to le	dentify a Subscriber Group for Partially Distant Stations	for Partially Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant station you	Stations
	that community.	
-	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located ne station's local service area. A subscriber located outside the local service area of a station is distant to that station (and,	by
	token, the station is distant to the subscriber.)	Бу
Step 3: D	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	er group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable rill have only one subscriber group when the distant stations it carried have local service areas that coincide.	
-	ng the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's	
subscribe		
In each s	ection:	
	the communities/areas represented by each subscriber group.	
	e call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	ers in the group.	
• lf:	votom is located whally outside all major and amplier talevision markets which and attained DOT as you was it is not 2.00	,
	ystem is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3 this schedule; or,	ο,
2) any po	rtion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, of this schedule.	
·	DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	te gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	s
	aper SA3 form.	
	te a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
DSEs for	making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the to that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show all calculations on the form.	

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

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	E SYSTEM:				SY	STEM ID# 007975	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROUI			SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
						-		Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROUI			FOURTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
***************************************								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes at	oove.	\$	0.00	

				TE FEES FOR EACH		COMPUTATION OF		E
9		SUBSCRIBER GROU	SIXTH	COMMUNITY/ADEA	JP <b>0</b>	SUBSCRIBER GROU	FIFTH	
Compu	0			COMMUNITY/ AREA	U			COMMUNITY/ AREA
of	DSE Base R a Synd Exclu	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Ra								
and			-					
			-					
Surcha			-					
for								
Partia			-					
			-					
Otatic			-					
			-					
	0.00			Total DSEs	0.00	•		Total DSEs
	0.00	<b>\$</b>	d Group	Gross Receipts Secor	0.00	\$	iroup	Gross Receipts First G
		Ψ	и Огоир	Gross Receipts Gecor	0.00	Ψ	Тоар	noss receipts i list o
 	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
		SUBSCRIBER GROU		Base Rate Fee Secon		\$ SUBSCRIBER GROU		
<b></b>	P			Base Rate Fee Secon				
	P				JP			
	P <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	P <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	P <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	P <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	P <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	P <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	P <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	P <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	P <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	P <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	P <b>0</b>	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	DSE	SUBSCRIBER GROU	EIGHTH	CALL SIGN	JP 0	SUBSCRIBER GROU	SEVENTH	CALL SIGN
	DSE 0.00	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE  O.00	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs
	DSE	SUBSCRIBER GROU	DSE	CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA

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9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Base Rate								
and								
Syndicat								
Exclusiv								
Surchar for								
Partiall								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
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							•	, , , , , , , , , , , , , , , , , , , ,
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	TWELVTH		Р	SUBSCRIBER GROL	EVENTH	El
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<u></u>					
				***************************************				
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
		\$		Base Rate Fee Fourth	0.00	<b> </b>  \$		Base Rate Fee Third G

		IBER GROUP	SUBSCRI	TE FEES FOR EACH		COMPUTATION OF		
9		SUBSCRIBER GROU	JRTEENTH			SUBSCRIBER GROU	RTEENTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
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for			-					
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		•						_
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Bross Receipts First Gr
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	·	Gross Receipts Secon  Base Rate Fee Secon		\$	·	Gross Receipts First Gr Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00		oup	Base Rate Fee First Gr
	0.00		d Group	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr
	<b>0.00</b>	\$	d Group	Base Rate Fee Secon	<b>0.00</b>		oup	Base Rate Fee First Gr
	<b>0.00</b>	\$	d Group	Base Rate Fee Secon	<b>0.00</b>		oup	Base Rate Fee First Gr
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	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GROU	FTEENTH	Base Rate Fee First Gr FII COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GROU	FTEENTH	Base Rate Fee First Gr FII COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GROU	FTEENTH	Base Rate Fee First Gr FII COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GROU	FTEENTH	Base Rate Fee First Gr FII COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GROU	FTEENTH	Base Rate Fee First Gr FII COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00	SUBSCRIBER GROU	FTEENTH	Base Rate Fee First Gr FII COMMUNITY/ AREA
	0.00 P	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seconds COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	FTEENTH	Sase Rate Fee First Gr FII COMMUNITY/ AREA  CALL SIGN
	0.00 P	\$  SUBSCRIBER GROU  CALL SIGN	d Group  BIXTEENTH  DSE	Base Rate Fee Second COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00	CALL SIGN	DSE	CALL SIGN  Cotal DSEs
	0.00 P	\$ SUBSCRIBER GROU	d Group  BIXTEENTH  DSE	Base Rate Fee Seconds COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	Sase Rate Fee First Gr FII COMMUNITY/ AREA  CALL SIGN
	0.00 P	\$  SUBSCRIBER GROU  CALL SIGN	d Group  BIXTEENTH  DSE	Base Rate Fee Second COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00	CALL SIGN	DSE	CALL SIGN  Cotal DSEs

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LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	007975	Name
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Comput				Joseph Miller Committee Co				OWN OTHER TYPES
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat								
and						-		
Syndica Exclusiv			-					
Surcha								
for		_	-					
Partial			-					
Distar			-			-		
Station					<u> </u>			
					<u> </u>			
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	Froup	ross Receipts First Gr
	0.00							
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	iroup	<b>ase Rate Fee</b> First Gr
			•				•	
	JP	SUBSCRIBER GROU	•	ONE HUNDREI	JP	\$ SUBSCRIBER GROU	•	ONE HUNDRED E
			•				•	ONE HUNDRED E
	JP		•	ONE HUNDREI	JP		•	ONE HUNDRED E
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	JP <b>0</b>	SUBSCRIBER GROU	ELEVENTH	ONE HUNDRED E OMMUNITY/ AREA  CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	ONE HUNDREI COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED E COMMUNITY/ AREA  CALL SIGN  Cotal DSEs
	DSE O.00	CALL SIGN	DSE	ONE HUNDREI COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE  O.00	CALL SIGN	DSE	ONE HUNDRED E COMMUNITY/ AREA  CALL SIGN  Total DSEs
	DSE O.00	CALL SIGN	DSE	ONE HUNDREI COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE  0.00 0.00 0.00	CALL SIGN	DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007975	Name
ВІ	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIS	RTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED FOU	RTEENTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED S	IXTEENTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

							007975	Name
				TE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	Ω
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv Surchar
								for
								Partiall
								Distan
								Station
	<u>,                                     </u>							
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
, , ,					,			
<b>ase Rate Fee</b> First G	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	
	roup	\$			th Group	\$		
cross Receipts Third G		\$	0.00				0.00	
ross Receipts Third G		\$	0.00	Gross Receipts Four		\$		
ross Receipts Third G		\$	0.00	Gross Receipts Four			0.00	
Total DSEs  Bross Receipts Third G  Base Rate Fee Third G  Base Rate Fee: Add the Enter here and in block	Group e <b>base rat</b>	e fees for each subsc	0.00	Gross Receipts Four	th Group		0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	STEM ID# 007975	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	NTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWENT	Y-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								<b>Exclusivity</b>
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWEN	ITY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	TY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
***************************************								
***************************************								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u>\$</u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

			CLIDCODIS		. D V O C D V	COMPLITATION	001/ 4- /	
_		SUBSCRIBER GROUP		TE FEES FOR EACH ONE HUNDRED TWI	BASE RA			ONE HUNDRED TWEN
9 Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv Surchar								
for								
Partial								
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Station		-						
			_					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Fross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	TY-EIGHTH S	ONE HUNDRED TWEN		SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-						
						-		
					0.00		<u> </u>	
	0.00			Total DSEs	0.00			otal DSEs
		<u> </u>	Group	Total DSEs Gross Receipts Fourth	0.00	<u> </u>	oup.	otal DSEs Gross Receipts Third Gr
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	otal DSEs Gross Receipts Third Gr

	1 001/ 1		VE D 4 O E D 1	TE EEEO EOO E * 1				
ONE HINDBED TWEN		SUBSCRIBER GROU		ATE FEES FOR EAC		SUBSCRIBER GROUP	<u> </u>	
COMMUNITY/ AREA	TI I VIII VI T	SOBSONIBLIN GROU	0	COMMUNITY/ ARE		CODOCNIDEN GROUP	0	9
								Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				. —		Base Rate
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								Syndica
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gr	ss Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00							
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
					·	L		
ONE HUNDRED THII				++				
	RTY-FIRST	SUBSCRIBER GROU				SUBSCRIBER GROUP		
OMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDRED TH		SUBSCRIBER GROUP	0	
			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN				SUBSCRIBER GROUP		
			0	COMMUNITY/ ARE	Α		0	
			0	COMMUNITY/ ARE	Α		0	
			0	COMMUNITY/ ARE	Α		0	
			0	COMMUNITY/ ARE	Α		0	
			0	COMMUNITY/ ARE	Α		0	
			0	COMMUNITY/ ARE	Α		0	
			0	COMMUNITY/ ARE	Α		0	
			0	COMMUNITY/ ARE	Α		0	
			0	COMMUNITY/ ARE	Α		0	
			0	COMMUNITY/ ARE	Α		0	
CALL SIGN			0	COMMUNITY/ ARE	Α		0	
			0	COMMUNITY/ ARE	Α		0	
			0	COMMUNITY/ ARE	Α		0	
CALL SIGN			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	0 DSE	COMMUNITY/ ARE  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN  Cotal DSEs	DSE		DSE	COMMUNITY/ ARE	DSE		DSE	
	DSE	CALL SIGN	0 DSE	COMMUNITY/ ARE  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN  Cotal DSEs	roup	CALL SIGN	0 DSE	COMMUNITY/ ARE  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	
otal DSEs ross Receipts Third G	roup	CALL SIGN	0 DSE	COMMUNITY/ ARE  CALL SIGN  Total DSEs  Gross Receipts Fou	DSE	CALL SIGN	0 DSE	
otal DSEs	roup	CALL SIGN	0 DSE 0.00 0.00 0.00	COMMUNITY/ ARE  CALL SIGN  Total DSEs  Gross Receipts Four  Base Rate Fee Four	DSE  Trth Group	CALL SIGN	0 DSE	

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 007975	Name
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
					-			for
					-			Partially
								Distant
								Stations
	•							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED THIR	TY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					-			
***************************************					•••••••••••••••••••••••••••••••••••••••		······	
Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

BLOCK A: C ONE HUNDRED THIRTY-SEVENTH S OMMUNITY/ AREA  CALL SIGN DSE	COMPUTATION OF BAS	DATE EEEO = 0 = 0				
OMMUNITY/ AREA						
	SUBSCRIBER GROUP	The state of the s		SUBSCRIBER GROUP		9
CALL SIGN DSF II		O COMMUNITY/ A	REA		0	Computati
0,122 0.011	CALL SIGN D	OSE CALL SIGN	DSE	CALL SIGN	DSE	of
						Base Rate
				_		and
						Syndicate
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						Surcharg for
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						Distant
						Stations
otal DSEs	0.	00 Total DSEs			0.00	
<del>-</del>		<del></del>	Socond Croup	•	0.00	
ross Receipts First Group	\$ U.	Gross Receipts	secona Group	\$	0.00	
ase Rate Fee First Group	\$ 0.	00 Base Rate Fee	Second Group	\$	0.00	
ONE HUNDRED THIRTY-NINTH S	SUBSCRIBER GROUP	ONE HUNG	DRED FORTIETH	SUBSCRIBER GROU	LIP	
OMMUNITY/ AREA	2000CKIBEK GROOT	0 COMMUNITY/ A		CODCONIDEN CINC	0	
CALL SIGN DSE	CALL SIGN D	OSE CALL SIGN	DSE	CALL SIGN	DSE	
-						
	•	00 Total DSEs			0.00	
otal DSEs	0.	1.1				
-		00 Gross Receipts I	ourth Group	\$	0.00	
-		Gross Receipts I	Fourth Group	\$	0.00	
-	\$ 0.	Gross Receipts I  00 Base Rate Fee I	·	\$	0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 007975	Name
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED FOR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FORT	Y-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							0	Base Rate Fee and Syndicated Exclusivity
								Surcharge for Partially Distant Stations
								Gianons
				•				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second	•	\$	0.00	
	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FORT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	oove.	\$		

						INC.	
					COMPUTATION C		
0 <b>9</b>	H SUBSCRIBER		COMMUNITY/	<sup>JP</sup> <b>0</b>	SUBSCRIBER GROUI		ONE HUNDRED F COMMUNITY/ AREA
Computa	П оли ого	T 50=					
N DSE of Base Rate	CALL SIGI	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and							
Syndica							
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Surcha							
for Partial							
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Station							
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0.00			Total DSEs	0.00		•	otal DSEs
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0.00	\$	ond Group	Bass Bats Fac	0.00			
		•	base Rate Fee	0.00	\$	irst Group	ase Rate Fee First
GROUP	H SUBSCRIBER				SUBSCRIBER GROUI		
GROUP 0	H SUBSCRIBER	ORTY-EIGHTH				ORTY-SEVENTH	ONE HUNDRED FOR
0	CALL SIGI	ORTY-EIGHTH	ONE HUNDR	JP		ORTY-SEVENTH	ONE HUNDRED FOR COMMUNITY AREA
0		ORTY-EIGHTH	ONE HUNDR	JP <b>0</b>	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
0		ORTY-EIGHTH	ONE HUNDR	JP <b>0</b>	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
0		ORTY-EIGHTH	ONE HUNDR	JP <b>0</b>	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
0		ORTY-EIGHTH	ONE HUNDR	JP <b>0</b>	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
0		ORTY-EIGHTH	ONE HUNDR	JP <b>0</b>	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
0		ORTY-EIGHTH	ONE HUNDR	JP <b>0</b>	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
0		ORTY-EIGHTH	ONE HUNDR	JP <b>0</b>	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
0		ORTY-EIGHTH	ONE HUNDR	JP <b>0</b>	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
0		ORTY-EIGHTH	ONE HUNDR	JP <b>0</b>	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
0		ORTY-EIGHTH	ONE HUNDR	JP <b>0</b>	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
0		ORTY-EIGHTH	ONE HUNDR	JP <b>0</b>	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
0		ORTY-EIGHTH	ONE HUNDR	JP <b>0</b>	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
0		ORTY-EIGHTH	ONE HUNDR COMMUNITY/	DSE	SUBSCRIBER GROUI	ORTY-SEVENTH	ONE HUNDRED FOR
N DSE		DRTY-EIGHTH	ONE HUNDR COMMUNITY/	DSE  O.00	SUBSCRIBER GROUI	DSE	ONE HUNDRED FOR COMMUNITY/ AREA CALL SIGN
N DSE  O.00	CALL SIGI	DRTY-EIGHTH	ONE HUNDR COMMUNITY/	DSE	CALL SIGN	DSE	ONE HUNDRED FOR COMMUNITY/ AREA CALL SIGN

CABLE ONE, INC.							007975	Nam
				TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FOR	ΓΥ-NINTH	SUBSCRIBER GROU		ONE HUNDRE	D FIFTIETH	SUBSCRIBER GROU	JP	Ω
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat Exclusiv
								Surchar
								for
						_		Partiall
								Distan
								Station
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
otal DSEs			0.00	Total DSEs			0.00	
otal DSEs				Total DSEs			_	
ross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
loop Bots For Till 10	ro. :=		0.00	Page Bote Fee Fee	0.000			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
ase Rate Fee: Add the nter here and in block			riber group	as shown in the boxes a	above.	•		
nter riere and in block	S, IIIIE T, S	phace L (hage 1)				Ф		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				SY	STEM ID# 007975	Name
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FIFTY	′-FOURTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and Syndicated Exclusivity Surcharge for
								Partially Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
COMMUNITY/ AREA	I Y-FIF I H	SUBSCRIBER GROU	<b>0</b>	COMMUNITY/ AREA	-TY-SIXTH	SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	oove.	\$		

			011565			00145	00:-	
		SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA			BI ONE HUNDRED FIFTY-
9	0	OCCUPANT ON OCCUPANT OF THE OC	TT-LIOITITY	COMMUNITY/ AREA	0		OL V LIVITI	COMMUNITY/ AREA
Computar of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv								
Surchar for								
Partiall								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	D SIXTIETH :			SUBSCRIBER GROUP	TY-NINTH	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
	1 1	Ī		11				

CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 007975	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU			SECOND	SUBSCRIBER GROU	IP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
	<del></del>							for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	THIRD	SUBSCRIBER GROU			FOURTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroun	\$	0.00	Gross Receipts Fourth	Group	<b>\$</b>	0.00	
Cross Necelpts Tillia G	noup	<u>*</u>	<u> </u>	1000 Necelpto Foulti	. Οισαρ	Ψ	<u> </u>	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes a	bove.	\$	0.00	
						L		

	007975					= SYSΓEM:	K OF CABL	CABLE ONE, INC.
				TE FEES FOR EACH				В
9		SUBSCRIBER GROU	SIXTH			SUBSCRIBER GRO	FIFTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate Exclusivi								
Surcharg								
for								
Partially								
Distant		_						
Stations								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	oup	Bross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gr
		SUBSCRIBER GROU	EIGHTH			SUBSCRIBER GRO	SEVENTH	
	0	COMMUNITY/ AREA 0			0		***************************************	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	502	0/122 0/0/1	562	CALL GIGIT	502	O/ ILL SIGIV	202	07122 07011
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	ı Group			\$	Group	
		\$	ı Group	Total DSEs Gross Receipts Fourt	0.00	\$	iroup	Total DSEs Gross Receipts Third G

CABLE ONE, INC		E SYSTEM:				S	007975	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		-		SUBSCRIBER GROU		
COMMUNITY/ ARE			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	-		0.00	
Gross Receipts Third	d Group	<b>\$</b>	0.00	Gross Receipts Fou	rth Group	<b>\$</b>	0.00	
Cross Receipts Tille	. 0.0up	*	<u> </u>	TO TO TO TO TO TO TO TO TO TO TO TO TO T	rai Group	<del>*</del>		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI		E SYSTEM:	•			\$	007975	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		<del>                                      </del>		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		<u> </u>		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC		E SYSTEM:				S	007975	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		EIGHTEENTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00			0.00	
Base Rate Fee First	·	\$	0.00	Base Rate Fee Sec	·	\$	0.00	
		SUBSCRIBER GRO		TWENTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA	COMMUNITY/ AREA 0				COMMUNITY/ AREA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.0		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW CABLE ONE, IN		E SYSTEM:	•			5	007975	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		TWENTY-SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA				COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00			0.00	
<b>Base Rate Fee</b> First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWI	ENTY-THIRD	SUBSCRIBER GRO	)UP	TWEN	NTY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth Group \$ 0.00			0.00		
Base Rate Fee Third Group \$		\$	0.00	Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		