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

SA3E Long Form

Return completed workbook by email to:

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
10/25/20	\$
	ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	AC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting		2020/1								
Period										
B Owner	rate	ructions: Give the full legal name of the owner of the cable system. If the owner is title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busin <i>If there were different owners during the accounting period, only the own</i> ingle statement of account and royalty fee payment covering the entire account Check here if this is the system's first filing. If not, enter the system's II	ess of the cable system er on the last day of the counting period.	n. e accounting period should su		38010				
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		Guam Cablevision, LLC								
	DOCOMO PACIFIC									
					38010)2020/1				
					38010	2020/1				
		890 S. Marine Corps Drive Tamuning, Guam 96913								
•	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these									
С	nar	nes already appear in space B. In line 2, give the mailing address	of the system, if diff	erent from the address give	en in spac	e B.				
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite number)								
		(City, town, state, zip code)								
D	Ins	tructions: For complete space D instructions, see page 1b. Identi	fy only the frst comr	nunity served below and re	elist on pa	ge 1b				
Area	wit	n all communities.								
Served	CITY OR TOWN STATE									
First	Tumon Guam									
Community	y Below is a sample for reporting communities if you report multiple channel line-ups in Space G.									
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP		B GRP#				
Sample	Ald		A		1					
		ance	MD	B		2 3				
	Gei	ing	MD	D		3				
form in order to pro numbers. By provid search reports pre	ocess ding P pared	tion 111 of title 17 of the United States Code authorizes the Copyright Offce to coll your statement of account. PII is any personal information that can be used to ident II, you are agreeing to the routine use of it to establish and maintain a public record for the public. The effect of not providing the PII requested is that it may delay proc ements of account, and it may affect the legal suffciency of the fling, a determination	ify or trace an individual, , which includes appearin essing of your statement	such as name, address and telep ig in the Offce's public indexes ar of account and its placement in th	phone nd in					

	FORM	SA3E.	PAGE	1b.
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ORM SA3E. PAGE 1b.				•			
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
Guam Cablevision, LLC			38010				
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.							
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should b	e reported in pare	ntheses				
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9).	e column blank. I	f you report any st	ations				
When reporting the carriage of television broadcast stations on a community-by-community-hannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
Tumon	Guam			First			
				Community			
				See instructions for			
				additional information			
				on alphabetization.			
				Add rows as necessary.			
				,,.			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									YSTEM I								
Name	Guam Cablevision, LLC	;			380													
_	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES																	
E	In General: The information in s	space E should	d cover	all categories o	of seconda	ary transmis	sion ser	vice 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																	
Secondary							st be tho	se exis	ting on the									
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).																	
Service: Sub- scribers and	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																	
Rates	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																	
Rates	separately for the particular serv								onargea									
	Rate: Give the standard rate of								ge and the									
	unit in which it is generally billed	d. (Example: "\$	20/mth'). Summarize	any standa	ard rate var	iations v	vithin a	particular rate									
	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																	
	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 pave outra for cable sorrige to additional sets would be included in the count under "Sonrige to the																
	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)."																	
	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																	
	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 a	and rates, in th	ne right-	hand block. A t	wo- or three	ee-word de	scription	of the	service is									
	sufficient.					<u> </u>												
	BLU	OCK 1 NO. OF						BLOCI	NO. OF									
-	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF	SERVI	CE	SUBSCRIBERS	RATE								
	Residential:																	
	 Service to first set 	1	2,559	\$ 14.96														
	 Service to additional set(s) 																	
	 FM radio (if separate rate) 																	
	Motel, hotel																	
	Commercial																	
	Converter																	
	Residential																	
	Non-residential																	
					<u> </u>													
	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES																	
E	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were																	
Г	not covered in space E, that is, those services that are not offered in combination with any secondary transmission																	
0	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished to possubscribers. Bate information should include both the																	
Services Other Than	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,																	
Secondary	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.																	
•		ite charged by	the cab	le system for e	ach of the	applicable	services	s listea.	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
•	Block 1: Give the standard ra								were not									
Transmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	t your cable sy separate char	/stem fu ge was	rnished or offe made or estab	red during	the accour	nting per	iod that										
Transmissions:	Block 1: Give the standard ra Block 2: List any services tha	t your cable sy separate char	/stem fu ge was	rnished or offe made or estab	red during	the accour	nting per	iod that										
Fransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	it your cable sy separate char ption and inclu	vstem fu ge was de the r	rnished or offe made or estab	red during	the accour	nting per	iod that	e form of a									
Transmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	t your cable sy separate char	vstem fu ge was de the r CK 1	rnished or offe made or estab	red during lished. Lis	the accour	nting per er servic	iod that es in th		RATE								
Transmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE	t your cable sy separate char ption and inclu BLO	vstem fu ge was de the r CK 1 CATEC	Irnished or offe made or estab rate for each.	red during lished. Lis	the accourt these othe	nting per er servic	iod that es in th	e form of a BLOCK 2	RATE								
Transmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services:	t your cable sy separate char ption and inclu BLO	vstem fu ge was de the r CK 1 CATEC Install	Irnished or offe made or estab rate for each. GORY OF SER	red during lished. Lis	the accourt these othe	nting per er servic	iod that es in th	e form of a BLOCK 2	RATE								
Transmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	it your cable sy separate chan ption and inclu BLO RATE	vstem fu ge was de the r CK 1 CATEC Install • Mo	Irnished or offe made or estab rate for each. GORY OF SEF ation: Non-res	red during lished. Lis	the accourt these othe	nting per er servic	iod that es in th	e form of a BLOCK 2	RATE								
Fransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services:	it your cable sy separate chan ption and inclu BLO RATE	vstem fu ge was de the r CK 1 CATEC Install • Mo • Co	Irnished or offe made or estab rate for each. GORY OF SER ation: Non-res itel, hotel	red during lished. Lis	the accourt these othe	nting per er servic	iod that es in th	e form of a BLOCK 2	RATE								
Fransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	it your cable sy separate chan ption and inclu BLO RATE	rstem fu ge was de the r CK 1 CATE(Install • Mo • Co • Pa	Irnished or offe made or estab rate for each. GORY OF SEF ation: Non-res itel, hotel mmercial y cable	red during lished. Lis RVICE sidential	the accourt these othe	nting per er servic	iod that es in th	e form of a BLOCK 2	RATE								
Fransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	it your cable sy separate chan ption and inclu BLO RATE	rstem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Pa	arnished or offer made or estab rate for each. GORY OF SEF ation: Non-res ttel, hotel mmercial	red during lished. Lis RVICE sidential	the accourt these othe	nting per er servic	iod that es in th	e form of a BLOCK 2	RATE								
Fransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection •Burglar protection	it your cable sy separate chan ption and inclu BLO RATE	rstem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fird	Irnished or offe made or estab rate for each. GORY OF SEF ation: Non-res itel, hotel mmercial y cable y cable-add'l cl	red during lished. Lis RVICE sidential	the accourt these othe	nting per er servic	iod that es in th	e form of a BLOCK 2	RATE								
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FORM SA3E. PAGE 3		/STEM·			SYSTEM ID#		
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID Guam Cablevision, LLC 3801						
		ON					
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under C-C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi ts community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for noncommercial educational multicast) for ithe meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is a uside the clocal service area, i.e. "distant", enter "Yes". If not, enter "No", For an ex slanation of local s							
For the retransmi f a written agreeme he cable system an	ssion of a distan ent entered into o d a primary trans	t multicast str on or before J smitter or an a	ream that is not lune 30, 2009, b association repr	subject to a royal etween a cable s esenting the prim	ty payment because it is the subjec ystem or an association representin ary transmitter, enter the designa		
For the retransmi of a written agreeme the cable system an ion "E" (exempt). For explanation of these Column 6: Give	ssion of a distan ent entered into c d a primary trans or simulcasts, als three categories the location of ea	t multicast st on or before J smitter or an s o enter "E". I s, see page (ach station. F	ream that is not lune 30, 2009, b association repr f you carried the v) of the general or U.S. stations,	subject to a royal etween a cable s esenting the prim e channel on any instructions loca , list the commun	ty payment because it is the subjec ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form		
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ACCOUNTING PER								
Name	Guam Cable			EM:				SYSTEM ID# 38010
H Primary Transmitters: Radio	all-band basis of Special Instruc- receivable if (1) on the basis of For detailed inf located in the p Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	t every radio s whose signals ctions Conce) it is carried b monitoring, to ormation about aper SA3 forr dentify the cal State whether f the radio state this by placing Sive the station	station c were "g srning A y the system be rece ut the the n. I sign of the statistion's sig g a chec n's locat	arried on a separate and disc enerally receivable" by your of II-Band FM Carriage: Under stem whenever it is received wived at the headend, with the e Copyright Office regulations each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. ion (the community to which th the community with which th	cable system duri Copyright Office at the system's h system's FM an on this point, se sed by the cable he station is licer	ing the accou regulations, a leadend, and tenna, during e page (vi) of system as a nsed by the F	nting pe an FM si (2) it can certain the gen separate	riod. ignal is generally n be expected, stated intervals. eral instructions e and discrete
			6/D	LOCATION OF STATION			e/n	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	N/A							

ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF OWNER OF Guam Cablevision, LL		TEM:			S	38010 SYSTEM	Name	
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every noi	nnetwork televis eriod, under spe	sion program broadcast by a ecific present and former FC	i distant statio C rules, regu	lations, or authorizations	. For a further	Substitute	
1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				Carriage:	
 During the accounting per broadcast by a distant star 		ur cable syster	n carry, on a substitute ba	sis, any non	network television prog Yes	ram XNo	Special Statement and Program Log	
Note: If your answer is "No log in block 2.	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you	must complete the prog	Iram		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant sta gulations, of tion. Do no Lucy" or "Ni m was broa sign of the adcast statii hath and day ve "5/7." es when th Example: er "R" if the and regulat rogramming	attach addition onnetwork tele tion and that y or authorizatio ot use general BA Basketball dcast live, ent station broadc on's location (ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect d	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", of : 76ers vs. Bulls." er "Yes." Otherwise enter ' casting the substitute progr the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 m was substituted for prog- luring the accounting perio	program) the ed for the pr neral instruc- or "basketbal "No." am. e station is lic e station is lic e program. U r cable syste :15 p.m. to 6 ramming tha d; enter the	at, during the accountin ogramming of another s tions located in the pap II". List specific program iccensed by the FCC or, lentified). Ise numerals, with the n em. List the times accura 5:28:30 p.m. should be t your system was required letter "P" if the listed pro-	g station per n in nonth ately ired		
		E PROGRAM			EN SUBSTITUTE	7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION		
					_			
					_			
					_			

FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2020/1

ACCOUNTING I	PERIOD: 2020/1							FOF	M SA3E. PAGE 6.
Name	LEGAL NAME OF C	OWNER OF CABLE	SYSTEM:						SYSTEM ID# 38010
J Part-Time Carriage Log	time carriage du hours your syste Column 1 (C column 5 of spa Column 2 (D curred during th • Give the mont "4/10." • State the start television statio "app." Example:	s space ties in v ue to lack of acti em carried that all sign): Give ace G. ates and hours h and day when ing and ending n's broadcast da : "12:30 a.m.– 3	vated channel c station. If you ne the call sign of e s of carriage): F eriod. I the carriage oc times of carriage ay, you may give :15 a.m. app."	space G. If you list apacity, you are re eed more space, pl every distant statior For each station, list curred. Use numer e to the nearest qua e an approximate e	quire ease who t the als, v arter l nding	d to complete thi attach additional se basis of carria dates and hours vith the month firs hour. In any case g hour, followed b	s log giving the pages. age you identifie when part-time st. Example: for where carriage by the abbreviati	total dates and d by "LAC" in carriage oc- April 10 give e ran to the end of t on	he
			DA	TES AND HOURS	OF F	PART-TIME CAR	RIAGE		
		WHEN	I CARRIAGE O	CCURRED			WHEN	I CARRIAGE OCC	URRED
	CALL SIGN		H	OURS	1	CALL SIGN		HOU	IRS
	N/A	DATE	FROM	TO			DATE	FROM	TO
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FORM	SA3E. PAGE 7.				
LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name
Gu	am Cablevision, LLC			38010	
Inst all a (as pag	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary trar ompute th	nsmissio nis amou	on service	K Gross Receipts
Instru Con Con If you fee If you accord	RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the and irom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable pa ompanying 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 be	arts of the	DSE So	hedule	L Copyright Royalty Fee
- ·	k 3 below.				
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e	entered on	n line 2 i	n block	
	iow. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be ent	ered on	line	
Block 1	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.	e is 1.064	percent	of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$		1,127,295.84	
	This is your minimum fee.	\$		11,994.43	
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. 	nn 4, you r od?	must ch	eck	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	i	-	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00	
	Line 3. Add lines 1 and 2 and enter here	\$		-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichour is larger	\$;	11,994.43	Coblo systems
	whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	,		0.00	Cable systems submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	i	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		12,719.43	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 th	e	

ACCOUNTING PERIOD: 2020/1

ACCOUNTING PERI	OD: 2020/1						FORM SA3E	. PAGE
Name	LEGAL NAME OF OW		SYSTEM:				SYS	TEM ID
Name	Guam Cablevi	sion, LLC						3801
	CHANNELS							
Μ	Instructions: Y	ou must aive	(1) the number of	f channels on which the cab	e system carried television bro	adcast station:	5	
					nnels, during the accounting pe			
Channels		5 ana (2) ano			inele, dannig nie deeedining pe			
	1. Enter the tota	I number of c	hannels on which	n the cable			5	7
	system carried	television br	oadcast stations				5	
	2. Enter the tota	I number of a	activated channel	6				-
	on which the c	able system of	carried television	broadcast stations			226	
	and nonbroade	cast services				· · · · · ·	-	
Ν	INDIVIDUAL TO) BE CONTA	CTED IF FURTH	ER INFORMATION IS NEE	DED: (Identify an individual			
	we can contact	about this sta	atement of accour	nt.)				
Individual to								
Be Contacted			f				74 000 0055	
for Further Information	Name Jan	nes W. Ho	tman, II		I el	ephone +1 6	71 688 2355	
mormation								
	Address 890	S. Marine	Corps Drive					
	(Numb	er, street, rural	route, apartment, or	suite number)				
			uam 96913					
	(City,	town, state, zip)						
	Email	ihofm	an@docomo	acific com	Fax (antional)			
		Juonn	an@uuuuu		rax (optional)			
	CERTIFICATION	(This statem	ent of account m	ust be certifed and signed in	accordance with Copyright Off	ice regulations	.)	
0								
Certifcation	• I, the undersign	ed, hereby cer	rtify that (Check o	ne, <i>but only one</i> , of the boxes)			
	(Owner other	than corpora	ation or partners	hip) I am the owner of the cat	le system as identifed in line 1 o	f space B; or		
					thorized agent of the owner of th	e cable system	as identified	
	in line 1 o	f space B and	that the owner is	not a corporation or partnersh	ip; or			
	·	•	an officer (if a corp	oration) or a partner (if a partr	ership) of the legal entity identife	d as owner of t	he cable system	
	in line 1 o	of space B.						
	I have examined	d the statemer	nt of account and I	nereby declare under penalty	of law that all statements of fact of	contained herei	n	
				knowledge, information, and I	pelief, and are made in good faith	ι.		
	[18 U.S.C., Secti	on 1001(1986	5)]					
	_							
		Х	/s/ James W	. Hofman, II				
		= .						
					/s/" signature to certify this statem ash of the /s/ signature, place you		ox and press the "F2"	
					tton will avoid enabling Excel's Lo			
		- ·			u			
		lyped	or printed name	James W. Hofman,	II			
		T:	Chieflere	Officar				
		Title:	Chief Legal (Title of official po	officer sition held in corporation or partne	rship)			
			(The eromotal po					
			0 () = 1 = 1					
		Date:	October 21, 20	20				
	L							
					collect the personally identifying in			
					dentify or trace an individual, such cord, which includes appearing in			
earch reports prep	ared for the public. T	The effect of no	ot providing the PII	requested is that it may delay	processing of your statement of ac	count and its pla		
mpleted record o	f statements of acco	unt, and it may	/ affect the legal su	ffciency of the fling, a determin	ation that would be made by a cou	urt of lav		

U.S. Copyright Office

FORM SA3E, PA	AGE9
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Guam Cablevision, LLC	38010	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inc scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	basic clude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmede by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$		Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	payment.	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	-	
×	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistand contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce please	
** 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 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 inform 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 n		ne

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.

DSE SCHEDULE. F	PAGE 13.							ACCOUNTING	G PERIOD: 2020/1
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Guam Cablevision, LLC 38010							YSTEM ID# 38010	Name	
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in							6 Computation of 3.75 Fee		
			DO NOT COMI	PLETE THE REMA	AINDER OF P	ART 6 AND 7			
		BLO	CK B: CARR		MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	s of distant st and regulatione DSE Sche	ations listed in ons prior to Jur dule. (Note: Tł	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below re	this schedule Irther explana	that your sys tion of permitt	ed stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	BASIS OF (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								
Column 3:		e stations ide	ntified by the l	n parts 2, 3, and 4 o etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
	l		1		11	I		0.00	
		E	BLOCK C: CC	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove				-	
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply I	ine 4 by 0.0375	and enter s	um here						partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	93				X	-	carriage? If yes, see part 9 instructions.

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)

0.00

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#: Guam Cablevision, LLC 38010								
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 4: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be								
		PERMITTED DSE	FOR STATIONS CARRI	ED ON A PART-TIME AN	ID SUBSTITUTE BASIS				
	1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE			
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No." leave blocks B and C blank and complete part 8 of the DSE schedule.								
Syndicated	BLOCK A: MAJOR TELEVISION MARKET								
Exclusivity									
Surcharge	 Is any portion of the c 	able system within a to	p 100 major television mar		6.5 of FCC rules in effect Ju	une 24, 1981?			
	Yes—Complete	blocks B and C .		X No—Proceed to	o part 8				
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations	BLOC	K C: Computation of Exen	npt DSEs			
	Is any station listed in commercial VHF statio or in part, over the cat	on that places a grade ble system?	B contour, in whole	nity served by the cal to former FCC rule 76	,	31, 1972? (refer			
		ation below with its appr nd proceed to part 8.	opriate permitted DSE		tation below with its appropri and proceed to part 8.				
	CALL SIGN	DSE CAI	L SIGN DSE	CALL SIGN	DSE CALL SI	GN DSE			
		тот	AL DSEs 0.00		TOTAL D	SEs 0.00			
		L			L				

DSE SCHEDULE. PAGE 14.

DSE SCHEDULE. PAGE15.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Guam Cablevision, LLC 38010	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section	Enter the amount of gross receipts from space K (page 7)	7
1 Section 2	A. Enter the total DSEs from block B of part 7	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.	
	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? Yes—Complete part 9 of this schedule. 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)	
	C. Subtract 1.000 from total permitted DSEs (the figure 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	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

ACCOUNTING PERIOD: 2020/1

		DSE SCHEDULE. PAGE 1 IE OF OWNER OF CABLE SYSTEM: SYSTEM ID SYSTEM ID								
Name		Guam Cablevision, LLC 3801								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)								
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge▶ \$								
	Instru									
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.								
Computation		ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of Base Rate Fee	• If you	r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below								
Dase Nale Fee		blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers								
		were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.								
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period?								
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7)								
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ● 0.00								
	Section									
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank.								
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts (the amount in section 1)▶ <u>\$</u>								
		B. Enter 0.00701 of gross receipts								
		(the amount in section 1) § 7,902.34								
		C. Subtract 1.000 from total DSEs								
		(the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here								
		E. Add lines A, and D. This is your base rate fee. Enter here								
		and in block 3, line 1, space L (page 7) Base Rate Fee.								
	1	μαοι κατό · σοι · · · · · · · · · · · · · · · · · · ·								