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

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					
9/3/2020	\$ ALLOCATION NUMBER					

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	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period		2020/1								
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 corrate 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 subside statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Blue Stream Communications, LLC									
				(07219 007219	92020/1 2020/1				
		12409 NW 35th Street Coral Springs, FL 33065-2413								
С		STRUCTIONS: In line 1, give any business or trade names used to nes already appear in space B. In line 2, give the mailing address of	•							
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 Area		tructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and r	elist on pa	ge 1b				
Served		CITY OR TOWN	STATE							
First		Coral Springs	FL							
Community	В	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.								
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#				
Sample	Ald		MD	A		1				
		ance	MD	В		2				
	Ger	ing	MD	В		3				

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.

Licent Nation Communications, LLC SysTEM ID# 007219 Blue Stream Communications, LLC Interrections: Lake as hapsane community served by the cable system. A "community" is the same as a "community unit as defined in FCC idea." a separate and distinct community or municipal entity (including unincorporated carries and including single, discrete unincorporated carries and including single, discrete unincorporated areas and including single served and single sing	FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2020/1							
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 first community and lifuture filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities 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# Coral Springs FL A 1 First Community See instructions for additional information on alphabetization.				SYSTEM ID#								
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 hat 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 home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially destinated 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# Coral Springs FL A 1 First Community See instructions for additional information on alphabetization.												
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Blue Stream Communications, LLC

SYSTEM ID# 007219

Ε

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.

BLO	OCK 1		BLOCK 2		
	NO. OF		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
 Service to first set 	19,541	\$ 32.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential	1,553	1.99 - 4.99			
Non-residential					
		1			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1							BLOCK 2	
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE			CATEGORY OF SERVICE	F	RATE	C	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
 Pay cable 	\$	20.95	Motel, hotel					
 Pay cable—add'l channel 	\$	10.95	Commercial					
Fire protection			• Pay cable	\$	3.00			
 Burglar protection 			 Pay cable-add'l channel 			1111		
Installation: Residential			Fire protection					
First set	8.64	- 68.04	Burglar protection					
 Additional set(s) 			Other services:			1111		
• FM radio (if separate rate)			Reconnect	\$	15.28			
Converter	1.	99-4.99	Disconnect					
			Outlet relocation	\$	19.10			
			 Move to new address 	\$	20.00			

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007219 Blue Stream Communications, LLC 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 ε **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 th∉ 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. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-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 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 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 ex planation 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 you 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WWPBT 2 Ε NO MIAMI, FL NO W WFOR 4 Ν MIAMI, FL See instructions for additional information W WAMI 69 I NO HOLLYWOOD, FL on alphabetization. WTVJ 6 N - M NO MIAMI, FL w wsvn 7 ı NO MIAMI, FL W WBFS 33 ı NO MIAMI, FL W:WSFL 39 NO I - M MIAMI, FL w WPLG 10 N - M NO MIAMI. FL WPXM 35 I - M NO MIAMI, FL WWHFT 45 NO I MIAMI, FL W. WXEL 42 Ε NO WEST PALM BCH, FL Ε NO 17 W WLRN MIAMI, FL

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

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FORM SA3E. PAGE 3.					ACCOUNTI	NG PERIOD: 2020/
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Naw -
Blue Stream Co	ommunicati	ons, LLC			007219	Name
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify every eystem during the control of the	y television signer accounting and June 24, 19 (4), or 76.63 (4), or 76.63 (4), or 76.63 (4), or 76.63 (4), or authors, whether the station whether the setter "N" (for moncommercial page (v) of the the local service authors, or an authors, or authors, or an authors, or an authors, or an authors, see page (v) of station. For see page (v) of station.	g period except 981, permitting to 76.6 paragraph y distant station norizations: st it in space I (thation was carried tute basis static report origination coording to its own to be reported in that assigned to the station is a network), "N-M" all educational), he general instructive area, (i.e. "general instruction 14, you must conduct a discounting permans of lack of the general instruction 15, and 16, and 16	(1) stations carried the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statement of the Special Special Special Special Statement of the Special Spe	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	G Primary Transmitters: Television
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	e space G for each	n channel line-up.	
		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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Blue Stream Co	ommunicati	ons, LLC			007219	
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
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		CHANN	EL LINE-UP	AC		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 2020/
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
Blue Stream Co	ommunicati	ons, LLC			007219	Name
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
In General: In space of carried by your cables FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Substitute Basis Subasis under specific 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 eace each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If your cable system carried the cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during to consin effect of ions in effect of ions. With CC rules, regular here in space only on a substand also in space formation condition. The station's call associated with example ions in each case of ions ions ions ions ions ions ions ions	y television signer accounting a comment of the accounting of the	g period except 981, permitting to 76.6 paragraph y distant station horizations: st it in space I (the ation was carried itute basis station to the reported in the sassigned to hannel 4 in Was station is a network), "N-M" all educational), he general instructive area, (i.e. "a general instruction of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations of t	(1) stations carried he carriage of cer 61(e)(2) and (4))]; is carried by your he Special Statemed by the Special Statemed by some program service ver-the-air designation of the television state hington, D.C. This ork station, an indefinition of "E-M" (for noncuctions located in the television state of the television of the television of the television state of the television and indicate in the television located in the television socated in the television socated in the television socated in the primary of the television of the television of the television of the television socated in the primary of the television	es". If not, enter "No". For an ex see paper SA3 form stating the basis on which you ntering "LAC" if your cable syster capacity ty payment because it is the subject yetem or an association representing ary transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form ty to which the station is licensed by the the which the station is identified.	Primary Transmitters: Television
Note: If you are united	ig manpie ona	•	•		Tonamic inc up.	
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)		
				(= .= .=,		

FORM SA3E. PAGE 3.					Accookii	140 T EMOD. 2020)		
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
Blue Stream Co	ommunicati	ons, LLC			007219	Name		
PRIMARY TRANSMITTI	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 specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air it its 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 noncommercial educational multicast), "I' (for independent), "I-M (for independent multicast), "E' (for noncommercial educational), or "E-M" (for net								
		CHANN	EL LINE-UP	ΔF				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Stream Communications, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections]	
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections]	
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76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its 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 network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational multicast) For the meaning of these terms, 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 you cable system carried the distant station during the accounting period. Indicate	ers:
CHANNEL LINE-UP AG	
1. CALL SIGN CHANNEL OF CHANNEL NUMBER STATION (Yes or No) CARRIAGE (If Distant)	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Blue Stream Co	mmunicati	ons, LLC			007219		
PRIMARY TRANSMITTE	RS: 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), 0, 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on ε substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 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 it its 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "If (for independent), "I-M (for indep							
		CHANN	EL LINE-UP	AH			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Blue Stream Co	ommunicati	ons, LLC			007219	Name	
PRIMARY TRANSMITTE	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 specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificant multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M (for indepen							
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	n channel line-up.		
		CHANN	EL LINE-UP	Al			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 2020/
LEGAL NAME OF OWNER OF C	ABLE SYST	ГЕМ:			SYSTEM ID#	
Blue Stream Commu	ınicatior	ns, LLC			007219	Name
PRIMARY TRANSMITTERS: TE	LEVISION	ı				
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), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis * List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater 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 as sociated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air it its 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M (for independent multicast), "E" (
Note: If you are utilizing multi	ple chann	nel line-ups,	, use a separate	space G for each	n channel line-up.	
_		CHANN	EL LINE-UP	AJ		
	ANNEL	. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	-

FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2020/
LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#	N
Blue Stream Co	ommunicati	ons, LLC			007219	Name
PRIMARY TRANSMITTE	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), 07.66.16(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations. Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air it its 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 noncommercial educational station, by entering the letter "N" (for network). "N-M" (for network multicast), "F" (for independent), "For neary planat						
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for eacl	h channel line-up.	
		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNER OF CABLE SY	STEM:			SYSTEM ID#	Nama			
Blue Stream Communicati	ons, LLC			007219	Name			
PRIMARY TRANSMITTERS: 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), 76.63 (referring to 76.61(e)(2) and (2)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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. Identifieach 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 it its 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M (for independent								
Note: If you are utilizing multiple cha	CHANNEL L	•	•					
1. CALL 2. B'CAST CHANNEL NUMBER	3. TYPE 4. DI		5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Blue Stream Co	ommunicati	ons, LLC			007219		
PRIMARY TRANSMITTE	RS: 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 specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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. Identifies each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M (for indep							
-		CHANN	EL LINE-UP	AM			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.					Accookii	110 1 ENIOD: 2020)	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Blue Stream Co	ommunicati	ons, LLC			007219	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	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 specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificant multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for indepe							
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for each	n channel line-up.		
		CHANN	EL LINE-UP	AN			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Blue Stream Co	ommunicati	ons, LLC			007219	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	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 [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 program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis 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 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 it its 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 network multicast). "I' (for independent), "I-M (for i							
		CHANN	EL LINE-UP	AO			
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		

FORM SA3E. PAGE 3.						NG PERIOD: 2020
LEGAL NAME OF OWN					SYSTEM ID#	Name
Blue Stream Co	ommunicati	ons, LLC			007219	
PRIMARY TRANSMITTI	ERS: TELEVISION	NC				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute Basis is basis under specific 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 multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate	G, identify ever system during toons in effect of 6.61(e)(2) and o	y television signed accounting a June 24, 19 (4), or 76.63	g period except 281, permitting to 76.6 paragraph y distant station norizations: st it in space I (thation was carried itute basis station report originations to be reported in that assigned to nannel 4 in Wasistation is a network.	(1) stations carrie he carriage of cer 61(e)(2) and (4))]; is carried by your he Special Statemed both on a substans, see page (v) on program service ver-the-air designation column 1 (list each the television stathington, D.C. This ork station, an indicate of the carried station is carried station.	s and low power television stations) and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute progran ment and Program Log)—if the ditute basis and also on some othe 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 s may be different from the channe dependent station, or a noncommercial cast), "I" (for independent), "I-M	G Primary Transmitters: Television
For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	ese terms, see tation is outside ice area, see p ave entered "Y he distant staticion on a part-tision of a distant tentered into o a primary trans simulcasts, alsonee categories e location of ea Canadian statio	page (v) of the the local ser age (v) of the es" in column on during the me basis bect multicast stren or before Jemitter or an action of enter "E". If a, see page (vach station. Foons, if any, given the local series of the station.	ne general instructivice area, (i.e. " general instruction 4, you must concaccounting periodical seam that is not une 30, 2009, but association reproductive for the general or U.S. stations, we the name of the station of the general or U.S. stations, we the name of the station of the general or U.S. stations, we the name of the station of the stations of the stati	actions located in the distant"), enter "Y tions located in the implete column 5, iod. Indicate by eractivated channel subject to a royalt etween a cable syesenting the prima channel on any constructions locatilist the community with the com	es". If not, enter "No". For an ex se paper SA3 form stating the basis on which you ntering "LAC" if your cable syster capacity by payment because it is the subject stem or an association representing ary transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the the which the station is identifec	
recor ii you are uman		•	•	•	i shamor iino 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	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Blue Stream Co	ommunicati	ons, LLC			007219	Name	
PRIMARY TRANSMITTE	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 6.59(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 ε substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis • List the station here 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. Identifieach 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 it its 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M (for independent multic						G Primary Transmitters: Television	
		CHANN	EL LINE-UP	AQ			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
				,			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Blue Stream Co	ommunicati	ons, LLC			007219		
PRIMARY TRANSMITTE	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 [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), 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 specife 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. Identifice each multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams 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 ir its 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 network multicast), "" (for independent), "I-M (for independen							
		CHANN	EL LINE-UP	AR			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	<u> </u>						

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Blue Stream Co	ommunicati	ons, LLC			007219	Name	
PRIMARY TRANSMITTE	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)); 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 specife 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 cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air it its 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 network multicast),							
		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		
				, ,			
					011111111111111111111111111111111111111		

FORM SA3E. PAGE 3.					7,00001111	140 T EMOD. 2020)	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Blue Stream Co	ommunicati	ons, LLC			007219	Name	
PRIMARY TRANSMITTE	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 [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 specific FCC rules, regulations, or authorizations. Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 as sociated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its 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 network multicast), "" (for independent), "I-M (for independe						G Primary Transmitters: Television	
		CHANN	EL LINE-UP	ΔU			
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		
				, ,			

FORM SA3E. PAGE 3.					Account	NG 1 EMIOD: 2020)
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nome
Blue Stream Co	ommunicati	ons, LLC			007219	Name
PRIMARY TRANSMITTE	RS: 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 [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 program basis, as explained in the next paragraph Substitute passis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 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 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 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 educat						
Note: If you are utilizing	ig multiple cha		•	•	т спаппетше-ир.	
		CHANN	EL LINE-UP	AV		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					Account	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Blue Stream Co	ommunicati	ons, LLC			007219	Name
PRIMARY TRANSMITTE	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 specific FCC rules, regulations, or authorizations. Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air it its 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 network multicast), "I" (for independent), "I-M (for independen						G Primary Transmitters: Television
Note: If you are utilizing					th which the station is identifec h channel line-up.	
		CHANN	EL LINE-UP	AW		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007219 Blue Stream Communications, LLC 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

1 01111 01102:17102 0.						7.00001111110	1 2111001 2020, 2
Blue Stream Commun					S	YSTEM ID# 007219	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	3			
In General: In space I, ident substitute basis during the acexplanation of the programm form.	ify every non	nnetwork televiseriod, under spe	sion program broadcast by ecific present and former FC	a distant statio CC rules, regu	lations, or authorizations.	For a further	 Substitute
	T CONCER	NING SURSI	TITLITE CAPPIAGE				Carriage:
SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
broadcast by a distant sta				,,	. •	X No	Statement and Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m			
log in block 2.							
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L 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 gives to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a gram was substituted for present the state of the state	titute progratice, please of every no distant statigulations, cution. Do no Lucy" or "NE m was broad sign of the sadcast statich and day we "5/7." es when the Example: a er "R" if the and regulation of gramming	am on a separa attach addition nnetwork televion and that your authorization at use general of the station broadca on's location (the system of the system o	al pages. vision program (substitute pour cable system substitute is. See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "lasting the substitute programe community to which the community with which the stem carried the substitute or gram was carried by your lied by a system from 6:01: In was substituted for programing the accounting period	orogram) that ed for the pro neral instructi r "basketball" No." am. station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	ensed by the FCC or, in entified). e numerals, with the more. List the times accurate 28:30 p.m. should be your system was require efter "P" if the listed pro	tion nth ly	
effect on October 19, 1976.	=						
s	UBSTITUT	E PROGRAM	I		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR	
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	DELETION	
					_		
					_		
					_		
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					_		

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007219 Blue Stream Communications, LLC 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 DATE FROM TO DATE

LEGA	L NAME OF OWNER OF CABLE SYSTEM: e Stream Communications, LLC		SYSTEM ID# 007219	Name		
Inst all a (as i page	Coss Receipts ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (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 transcompute this	smission service	K Gross Receipts		
Instru Com Com If yo fee f If yo acco	COPYRIGHT ROYALTY FEE Instructions: 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. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block					
▶ If pa 2 in Block 1	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. 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	e are require	ed to pay at			
	Enter the result here. This is your minimum fee. DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the					
2	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 peri Yes—Complete the DSE schedule.	od?				
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	\$				
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00			
	Line 3. Add lines 1 and 2 and enter here	\$	-			
Block 4	 Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger 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, entergon 	\$ 	9,860.68	Cable systems submitting additional deposits under		
	Zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)					
	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	\$	10,585.68	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			

ACCOUNTING PERIOD: 2020/1

ACCOUNTING PERIO	DD: 2020/1 FORM SA3E. PAGE 8
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
	Blue Stream Communications, LLC 007219
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 1. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 74
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)
for Further Information	Name Candice Soeder Telephone 954-752-7244 x243
	Address 12409 NW 35th Street (Number, street, rural route, apartment, or suite number)
	Coral Springs, FL 33065 (City, town, state, zip)
	Email csoeder@mybluestream.com Fax (optional)
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	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/ Joseph Canavan
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.
	Typed or printed name: /s/Joseph Canavan
	Title: COO (Title of official position held in corporation or partnership)
	Date: August 24, 2020

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on the 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 telephon 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 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 lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name			
Blue Stream Communications, LLC	007219	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syst service of providing secondary transmissions of primary broadcast transmitters, the system is scribers and amounts collected from subscribers receiving secondary transmissions pursuar	tem for the basic shall not include sub- nt to section 119."	Special Statement Concerning Gross Receipts			
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary 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					
INTEREST ASSESSMENTS					
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA		Q			
Line 1 Enter the amount of late payment or underpayment	x	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 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 Cop please list below the owner, address, first community served, accounting period, and ID number as 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 the 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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

· If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSE 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE

0.330% of gross receipts

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

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

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

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

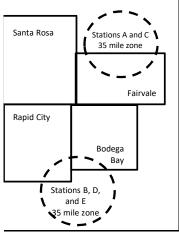
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384.00

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

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

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

ACCOUNTING PERIOD: 2020/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE, PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABI		SYSTEM ID# 007219			
I	Blue Stream Communic					
	SUM OF DSEs OF CATEGO		NG.			
	Add the DSEs of each station					
	Enter the sum here and in line		s schedule.		0.00	
		' '				1
2	Instructions:					
2	In the column headed "Call	Sign": list the ca	ll signs of all distant station	ns identified by the	e letter "O" in column 5	
Computation	of space G (page 3). In the column headed "DSE	": for each inden	endent station, dive the DS	SE as "1 0": for ea	ach network or noncom-	
of DSEs for	mercial educational station, gi			3L a3 1.0 , 101 ca	ich hetwork of honcom-	
Category "O"			CATEGORY "O" STATIO	ONS: DSFs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE II	CALL SIGN	DSE
Giationo	67 LEE 01011	502	07 LEE 01011	302	07 KEE 01011	562
				<mark></mark>		
Add rows as						
necessary.						
Remember to copy all formula into new						
rows.						
				·····		
				<mark></mark>		
				·····		
				<mark></mark>		
						D
				<u> </u>		
				<u> </u>		

I		lk	
I	k	I	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Blue Stream Communications, LLC 007219 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Computation Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. of DSEs for 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 **Stations** be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Carried Part Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to 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 Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 5. TYPE 1 CALL 2. NUMBER 3. NUMBER 4 BASIS OF 6. DSE OF HOURS SIGN OF HOURS **CARRIAGE VALUE CARRIED BY STATION VALUE** SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: 4 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regular-tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substitute-**Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE OF DAYS SIGN SIGN OF OF DAYS **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, 0.00 TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 0.00 1. Number of DSEs from part 2 ● **Total Number** of DSEs 2. Number of DSEs from part 3 ● 0.00 0.00 3. Number of DSEs from part 4 • TOTAL NUMBER OF DSEs 0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF O							S	YSTEM ID# 007219	Name
	ck A must be comp	oleted.							
,	"Yes," leave the re	mainder of p	art 6 and part 7	of the DSE sched	lule blank and	complete part	8, (page 16) of the	e	6
schedule. • If your answer if '	"No," complete blo	cks B and C	below.						
			BLOCK A:	TELEVISION M.	ARKETS				Computation of 3.75 Fee
ls the cable syster effect on June 24,	•	utside of all n	najor and smal	ler markets as defi	ned under sec	ction 76.5 of FC	CC rules and regul	ations in	
			O NOT COMP	LETE THE REMAI	INDER OF PA	RT 6 AND 7.			
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARF	RIAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	on of permitted	d stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre	eles and regued pursuant to a selection as defined all educations distation (76.6 r DSE sched ant to individually carried the station when the station will be selected and the station when the	lations cited be of the FCC man in 76.5(kk) (70 al station [76.5865) (see paragiule). Lal waiver of FC d on a part-tim ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on 5.57, 76.59(b), 0.11), 76.63(a) 3(a) referring stitution of gra	June 24, 1981 76.61(b)(c), 70 referring to 76 to 76.61(d)] andfathered state	5.63(a) referring to 61(e)(1) attions in the		
Column 3:	*(Note: For those this schedule to d	e stations ide determine the	ntified by the le	parts 2, 3, and 4 o etter "F" in column 2	2, you must co	omplete the wo	т	<u> </u>	
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	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
ine 2: Enter the	sum of permitte	d DSEs fror	n block B abo	ve			n		
				of DSEs subject 7 of this schedule		ate.		0.00	
₋ine 4: Enter gro	ss receipts from	space K (pa	age 7)						Do any of the
							x 0.03	375	DSEs represent partially permited/
ine 5: Multiply li	ine 4 by 0.0375 a	and enter su	ım here				x		partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
ine 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, space	L (page 7)			0.00	

	WNER OF CABLE						S'	YSTEM ID# 007219	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
 									Computation of 3.75 Fee

ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Blue Stream Communications, LLC 007219 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating 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. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -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)). Carriage 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 accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation 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. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Blue Stream Communications, LLC	SYSTEM ID# 007219	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	926,756.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 DS	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
30	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	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
4a	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 DS 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)	SE	
	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		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	I	Blue Stream Communications, LLC	007219
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	
	Instru	ctions:	
8	6 was	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	part
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	1	ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	cal
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	0 "	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.)	
	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) ▶\$	
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here ▶ _	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	0.00
	1	· · · · · · · · · · · · · · · · · · ·	

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/1

	EDULE. PAGE 17.		3 PERIOD: 2020/1
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Blue S	Stream Communications, LLC	007219	
Section I	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) 		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of
	C. Multiply line B by 3.000 and enter here \$		Base Rate Fee
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) > _		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$	0.00	
	Dase Nate i ee		
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad	•	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip Space G.	le channel line-	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate from subscribers located within the station's local service area, from your system's total gross receipts. To tak		Computation
	lusion, you must:	te advantage of	of Base Rate Fee
First: D	ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista	ent to the same	and
station o	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ	nine the number o	Syndicated Exclusivity
	nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge
_	If any portion of your cable system is located within the top 100 television market and the station is not exemp		for Partially
must als	or compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A er, if your cable system is wholly located outside all major television markets, complete block A only.		Distant Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations		Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant to that community.	station you	Stations
Step 2: outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were the station's local service area. A subscriber located outside the local service area of a station is distant to the token, the station is distant to the subscriber.)		
	Divide your subscribers into subscriber groups according to the complement of stations to which they are dista	ant. Each	
subscrib	per group must consist entirely of subscribers who are distant to exactly the same complement of stations. Not will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
-	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your per groups.	system's	
In each	section:		
	y the communities/areas represented by each subscriber group.		
subscrib	ne call sign for each of the stations in the subscriber group's complement—that is, each station that is distant t pers in the group.	o all of the	
• lf:	everteen in located wholly outside all major and smaller television markets, which are historical DCF	o it in parts 2.2	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave f this schedule; or,	it in parts 2, 3,	
,	oortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it 6 of this schedule.	in block B,	
• Add th	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	ral instructions	
page. In	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do not tual calculations on the form.	(that is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007219 **Blue Stream Communications, LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

for Partially Distant	Ē								
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CALL SIGN DSE				JP			SUBSCRIBER GROU		9
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Syndicate Exclusive Sucharia for Partials Distant Stations Total DSEs	0,122 0.0.1	302	0,122 0.0.1	332	07.122 0.0.1	202	0,122 0.0.1	332	
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Partially Distant Stations Cotal DSEs						<u></u>			
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Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									Partially
Total DSEs									Distant
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Total DSEs Outline Services Receipts Third Group Services Receipts Fourth Group Services Re				0	COMMUNITY/ AREA			0	
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Pero Pete Fee: Add the hore rate fees for each subscriber grown as shown in the horse shows	Total DSEs Gross Receipts Third C	Group	\$	0.00 0.00	Total DSEs Gross Receipts Fourth	n Group	\$	DSE	
Page Page Sear Add the hage rate feed for each subscriber grown as shown in the haves shows	Total DSEs Gross Receipts Third C	Group	\$	0.00 0.00	Total DSEs Gross Receipts Fourth	n Group	\$	DSE	
	Fotal DSEs Gross Receipts Third C	Group	\$	0.00 0.00	Total DSEs Gross Receipts Fourth	n Group	\$	DSE	

Name	STEM ID# 007219	31						LEGAL NAME OF OWNER Blue Stream Comr
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
9		SUBSCRIBER GROUP	SIXTH			SUBSCRIBER GROU	FIFTH	
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Name	STEM ID# 007219	513						LEGAL NAME OF OWNER Blue Stream Comm
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
9		SUBSCRIBER GROUP	TENTH			SUBSCRIBER GROU	NINTH	
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Name	O07219					ons, LLC		LEGAL NAME OF OWNER Blue Stream Comr
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	RTEENTH	İ		SUBSCRIBER GROU	RTEENTH	
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
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	DSE	SUBSCRIBER GROUP	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	CALL SIGN

LEGAL NAME OF OWNE						S	YSTEM ID# 007219	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
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OF ILL STOTE	DOL	CALLE GIGIT	BOL	OF ILLE STOTE	DOL	OF IEE GIGIT	DOL	Base Rate Fee
		-						and
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		•••••						
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	nd Group	\$	0.00	
NI	INTEENTH	SUBSCRIBER GROU	JP	7	TWENTIETH	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 C	Group	<u></u>	0.00	Gross Receipts Fourt	h Group	\$	0.00	
			3.50	S. 555 / Goodpio / Guit	.	.*	<u> </u>	
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Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		
o. nore and in block	, 1, 3	rado E (pago 1)						

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OMMONTI I/ ANLA			COMMONT I/ AIREA				Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs		0.00	Total DSEs			0.00	
otal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	
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Gross Receipts Third Group	\$	0.00	Gross Receipts Four		\$	0.00	
	\$				\$	-	

Name	STEM ID# 007219	SY						LEGAL NAME OF OWNER Blue Stream Comm
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
9		SUBSCRIBER GROUP	TY-SIXTH	İ		SUBSCRIBER GROU	TY-FIFTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	_							
	>	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP	SUBSCRIBER GROU		TWENTY-S
	0	SUBSCRIBER GROUP	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU		
		SUBSCRIBER GROUP CALL SIGN	Y-EIGHTH DSE	H		SUBSCRIBER GROU		
	0			COMMUNITY/ AREA	0		SEVENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		SEVENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		SEVENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		SEVENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		SEVENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		SEVENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		SEVENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		SEVENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		SEVENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		SEVENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		SEVENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0		SEVENTH	COMMUNITY/ AREA
	0			COMMUNITY/ AREA	DSE DSE		SEVENTH	COMMUNITY/ AREA
	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN

Name	STEM ID# 007219	31						LEGAL NAME OF OWNER Blue Stream Comr
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
9		SUBSCRIBER GROUP	HIRTIETH	İ		SUBSCRIBER GROU	Y-NINTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			-			-		
Syndicat						-		
Exclusiv Surchar							-	
for						-	-	
Partially								
Distant						-	-	
Station						-		
							-	
						-	-	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
		SUBSCRIBER GROUP				\$UBSCRIBER GROU		
		I .						THIR
)	I .		THIRTY	JP			THIR
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	COMMUNITY/ AREA
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR
	0	SUBSCRIBER GROUP	-SECOND	THIRTY COMMUNITY/ AREA	DSE DSE	SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA
	DSE	SUBSCRIBER GROUP	-SECOND DSE	THIRTY COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	THIR

vner of cable system: SYS ommunications, LLC	007219
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
HIRTY-THIRD SUBSCRIBER GROUP THIRTY-FOURTH SUBSCRIBER GROUP	
COMMUNITY/ AREA	0
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
	0.00
tt Group \$ 0.00 Gross Receipts Second Group \$	0.00
st Group \$ 0.00 Base Rate Fee Second Group \$	0.00
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP	
	0.00
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP	
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
HIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	0
HIRTY-FIFTH SUBSCRIBER GROUP A O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	0
HIRTY-FIFTH SUBSCRIBER GROUP A O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs	DSE
HIRTY-FIFTH SUBSCRIBER GROUP A O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE

	YSTEM ID# 007219						nunicatio	
				TE FEES FOR EACH				
1		SUBSCRIBER GROUP	Y-EIGHTH	İ		SUBSCRIBER GROU	SEVENTH S	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computati SE of Base Rate I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Sur							-	
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Sta								
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,								
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	0.00			Total DSEs	0.00		;	Total DSEs
	0.00	\$	Croup	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
	0.00	· · · · · · · · · · · · · · · · · · ·	Gloup	Oross Neceipts Decorid	_	*	•	
	0.00	\$		Base Rate Fee Second	0.00	\$		3ase Rate Fee First Gro
	0.00		l Group	Base Rate Fee Second			oup	
	0.00	\$	l Group	Base Rate Fee Second		\$	oup	THIRT
	0.00	\$	l Group	Base Rate Fee Second	P	\$	oup	THIRT
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second F COMMUNITY/ AREA	P 0	\$ SUBSCRIBER GROU	oup	THIRT
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second F COMMUNITY/ AREA	P 0	\$ SUBSCRIBER GROU	oup	THIRT
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second F COMMUNITY/ AREA	P 0	\$ SUBSCRIBER GROU	oup	THIRT
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second F COMMUNITY/ AREA	P 0	\$ SUBSCRIBER GROU	oup	THIRT
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second F COMMUNITY/ AREA	P 0	\$ SUBSCRIBER GROU	oup	THIRT
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second F COMMUNITY/ AREA	P 0	\$ SUBSCRIBER GROU	oup	THIRT
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second F COMMUNITY/ AREA	P 0	\$ SUBSCRIBER GROU	oup	THIRT
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second F COMMUNITY/ AREA	P 0	\$ SUBSCRIBER GROU	oup	THIRT
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second F COMMUNITY/ AREA	P 0	\$ SUBSCRIBER GROU	oup	THIRT
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second F COMMUNITY/ AREA	P 0	\$ SUBSCRIBER GROU	oup	THIRT
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	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second F COMMUNITY/ AREA	P 0	\$ SUBSCRIBER GROU	oup	THIRT
	0.00 P	\$ SUBSCRIBER GROUP	Group	Base Rate Fee Second F COMMUNITY/ AREA	P 0	\$ SUBSCRIBER GROU	oup	THIRT
	0.00 DSE	\$ SUBSCRIBER GROUP	DSE	Base Rate Fee Second F COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	DSE DSE	THIRT COMMUNITY/ AREA CALL SIGN

LEGAL NAME OF OWNE						S	YSTEM ID# 007219	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCRI	IBER GROUP		
FOR	RTY-FIRST	SUBSCRIBER GROU	JP	FORT	Y-SECOND	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	and
CALL GIOIV	DOL	CALL SIGIV	DOL	OALE GIGIN	DOL	CALL SIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Jianons
						H		
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	iroup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FOF	RTY-THIRD	SUBSCRIBER GROU	JP	FORT	ΓY-FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
•	-				-			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th	ne hase rate	e fees for each subsc	riher aroun	as shown in the boxes a	ahove			
Enter here and in block			ibei group	as shown in the boxes a	1DUVG.	\$		
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				TE FEES FOR EACH			ID	
FOR COMMUNITY/ AREA	1 1-CIC I H	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA	ΝΙ Ι-ΟΙΑΙΗ	SUBSCRIBER GROU	0 0	9
COMMUNITY AREA				COMMUNITY AREA				Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122 0.011	202	07.22 0.011	202	07.22 0.0.1	332	07.22 07011	302	Base Rate
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	ļ							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	nun	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
orosa rreceipta i iist or	oup	<u> </u>	0.00	Oross Receipts Secon	а Огоар	y	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
		•						
FORTY-S		\$ SUBSCRIBER GRO	UP	FORT		\$ SUBSCRIBER GROU	JP	
FORTY-S		•						
FORTY-S		•	UP	FORT			JP	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-S COMMUNITY/ AREA CALL SIGN	SEVENTH	SUBSCRIBER GRO	UP 0	FORT	ΓΥ-EIGHTH	SUBSCRIBER GROU	JP 0	
FORTY-SCOMMUNITY/ AREA	DSE	CALL SIGN	DSE DSE O.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	JP 0 DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
FORTY-S COMMUNITY/ AREA CALL SIGN Fotal DSEs	DSE	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	JP 0	
FORTY-S	DSE	CALL SIGN	DSE DSE O.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	JP 0 DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
FORTY-S COMMUNITY/ AREA CALL SIGN Fotal DSEs	DSE	CALL SIGN	DSE DSE O.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	JP 0 DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
FORTY-SOMMUNITY/ AREA CALL SIGN Cotal DSEs Gross Receipts Third G	DSE	CALL SIGN Subscriber Gro	DSE 0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	DSE	SUBSCRIBER GROU	DSE	

EGAL NAME OF OWNE Blue Stream Com						S	O07219	Name
				TE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GRO			FIFTIETH	SUBSCRIBER GROUI		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F and Syndicated Exclusivity Surcharge
		-						Base Rate F
						-		
								for
		-						Partially
								Distant
								Stations
		H						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		i i	Y-SECOND	SUBSCRIBER GROUI		
COMMUNITY/ AREA		0		COMMUNITY/ AREA	***************************************		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
otal DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
3ase Rate Fee: Add ti				<u>II</u>				

Name	007219					5110, 220	nunication	Blue Stream Comr
				TE FEES FOR EACH				
9	_	SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
	0		COMMUNITY/ AREA		0			COMMUNITY/ AREA
Computation SE of Base Rate F and	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
						-		
Syndica: Exclusiv						-		
Surchar								
for						-		
Partiall						-		
Distan								
Station						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	oup	Bross Receipts First Gr
	0.00	\$		Base Rate Fee Second	0.00	\$		
		SUBSCRIBER GROU		FIF	-	SUBSCRIBER GROU		FIF
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	JP 0	SUBSCRIBER GROU	TY-SIXTH	FIF COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FIF COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	TY-FIFTH	FIF
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	JP 0	SUBSCRIBER GROU	TY-SIXTH	FIF COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FIF COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FIF COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FIF COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	TY-FIFTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FIF COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FIF COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FIF COMMUNITY/ AREA	P 0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	DSE	SUBSCRIBER GROU	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	FIE COMMUNITY/ AREA

LEGAL NAME OF OWN						S	007219	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	1 SUBSCRI	BER GROUP	-	
FIFT	Y-SEVENTH	SUBSCRIBER GROU	IP	FIF	TY-EIGHTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of Base Rate Fe
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	Base Rate Fee
								and
		-				-		Syndicated
		=						Exclusivity
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		H						for
								Partially
								Distant
		_						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
F	IFTY-NINTH	SUBSCRIBER GROU	IP		SIXTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		Harrison and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourtl	h Group	\$	0.00	
	= =: *	·		Salar	P	·		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add	the base rate	e fees for each subsci	iber group	as shown in the boxes a	above			
Enter here and in blo			.sc. group	as shown in the boxes o	450 VG.	\$		
	, ,-	,						

SYSTEM ID# 007219				ons, LLC		LEGAL NAME OF OWNER Blue Stream Comn
			- 1	COMPUTATION OF		
_	OND SUBSCRIE		T T	SUBSCRIBER GROUI	TY-FIRST S	
0		ITY/ AREA	0 CO			COMMUNITY/ AREA
	E CALL S	GN	DSE C	CALL SIGN	DSE	CALL SIGN
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0.00	<u> </u>	Fee Second (\$		
0.00	JRTH SUBSCRIE	SIXTY-F	P	\$ SUBSCRIBER GROUI		SIXT
0.00	<u> </u>		P			SIXT
0.00 IBER GROUP 0		SIXTY-F	P 0 CO			SIXT
0.00 IBER GROUP 0	JRTH SUBSCRIE	SIXTY-F	P 0 CO	SUBSCRIBER GROUI	TY-THIRD S	SIXT
0.00 IBER GROUP 0	JRTH SUBSCRIE	SIXTY-F	P 0 CO	SUBSCRIBER GROUI	TY-THIRD S	SIXT
0.00 IBER GROUP 0	JRTH SUBSCRIE	SIXTY-F	P 0 CO	SUBSCRIBER GROUI	TY-THIRD S	SIXT
0.00 IBER GROUP 0	JRTH SUBSCRIE	SIXTY-F	P 0 CO	SUBSCRIBER GROUI	TY-THIRD S	SIXT
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0.00 IBER GROUP 0	JRTH SUBSCRIE	SIXTY-F	P 0 CO	SUBSCRIBER GROUI	TY-THIRD S	SIXT
0.00 IBER GROUP 0	JRTH SUBSCRIE	SIXTY-F	P 0 CO	SUBSCRIBER GROUI	TY-THIRD S	SIXT
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0.00 IBER GROUP 0	JRTH SUBSCRIE	SIXTY-F	P 0 CO	SUBSCRIBER GROUI	TY-THIRD S	SIXT
0.00 IBER GROUP 0	JRTH SUBSCRIE	SIXTY-F	P 0 CO	SUBSCRIBER GROUI	TY-THIRD S	SIXT
0.00 IBER GROUP 0	JRTH SUBSCRIE	SIXTY-F	P 0 CO	SUBSCRIBER GROUI	TY-THIRD S	COMMUNITY/ AREA
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O Computation of Base Rate and Syndicate Exclusivi Surcharge for Partially Distant		TE FEES FOR EACH			OCK A:	B
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and Syndicate Exclusivi Surcharg for Partially Distant	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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H SUBSCRIBER GROUP	TY-EIGHTH	i i		SUBSCRIBER GROU	SEVENTH	
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				TE FEES FOR EACH				
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GAL NAME OF OWNER OF CABLE SYSTEM: ue Stream Communications, LLC 007219								
			TE FEES FOR EACH					
	SEVENTY-THIRD SUBSCRIBER GROUP				SUBSCRIBER GROU	P 0	9	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	Computati				
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otal DSEs		0.00	Total DSEs			0.00		
oss Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
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otal DSEs		0.00	Total DSEs			0.00		
oss Receipts Third Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00		
ase Rate Fee Third Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
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Fotal DSEs Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA	0 C	SEVEN COMMUNITY/ AREA CALL SIGN Fotal DSEs Gross Receipts Secon Base Rate Fee Secon	TY-EIGHTH DSE dd Group	SUBSCRIBER GROUP SUBSCRIBER GROUP CALL SIGN \$ \$ SUBSCRIBER GROUP	0.00 0.00	Exclusive Surcharg for Partially Distant	
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CALL SIGN DSE CALL SIGN DS CALL SIGN DSE CALL SIG	DO T	CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Secon Base Rate Fee Secon	nd Group	\$	0.00 0.00 0.00	of Base Rate and Syndicat Exclusiv Surchare for Partially	
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Serventy-Ninth Subscriber Group Seventy-Ninth Subscriber Group COMMUNITY/ AREA	00 6	Gross Receipts Secon	nd Group	\$	0.00	Partially Distant	
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Serventy-Ninth Subscriber Group Seventy-Ninth Subscriber Group COMMUNITY/ AREA	00 6	Gross Receipts Secon	nd Group	\$	0.00		
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SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA				1)		
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19	AL NAME OF OWNER OF CABLE SYSTEM: USE Stream Communications, LLC O07219							
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						e Rate Fee First Group \$ 0.00		
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O	P 0	SUBSCRIBER GROU	′-FOURTH	EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-THIRD :	EIGHT COMMUNITY/ AREA CALL SIGN
O	DSE	SUBSCRIBER GROU	DSE	EIGHT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs
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	BLOCK A: COMPUTATION OF BASE RA					SUBSCRIBER GROUP	ID			
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Gross Receipts First Group		\$	0.00	Gross Receipts Second	a Group	\$	0.00			
Base Rate Fee First Group		\$	0.00	Base Rate Fee Second	d Group	\$	0.00			
FIGHTY-SEVE	FNTH S	SUBSCRIBER GROU	D	FIGHT	EIGHTY-EIGHTH SUBSCRIBER GROUP					
EIGHTY-SEVENTH SUBSCRIBER GROUP				Y_H(;H H		IP I				
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EGAL NAME OF OWNER OF CABLE SYSTEM: Blue Stream Communications, LLC								Name
				TE FEES FOR EACH				
	HTY-NINTH	SUBSCRIBER GRO			NINTIETH	SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				of
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otal DSEs			0.00	Total DSEs			0.00	
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dase Rate Fee First (\$	0.00	Base Rate Fee Second		\$	0.00	
	ETY-FIRST	SUBSCRIBER GRO			Y-SECOND	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		 						
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otal DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add t			criber group	II as shown in the boxes at	oove.	\$		

Name	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# lue Stream Communications, LLC 007219								
				TE FEES FOR EACH					
9		SUBSCRIBER GROUP	ii ii		NINETY-THIRD SUBSCRIBER GROUP				
Computati	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	CALL SIGN DSE CALL SIGN DSE					CALL SIGN	DSE	CALL SIGN	
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		CALL SIGN				\$		Fotal DSEs Gross Receipts Third G	

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 1ue Stream Communications, LLC 007219								Name
				TE FEES FOR EACH				
	-SEVENTH	SUBSCRIBER GROU		NINET	9			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computati			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of			
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First C		\$	0.00	Base Rate Fee Second		\$	0.00	
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Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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N1 -	AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Stream Communications, LLC 007219							Blue Stream Comn				
	TE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED SECOND SUBSCRIBER GROUP											
−		SUBSCRIBER GROUP	SECOND			SUBSCRIBER GROU	ED FIRST :					
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	SAL NAME OF OWNER OF CABLE SYSTEM: USE Stream Communications, LLC 007219							
В	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH				
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COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9		
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Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDR	ED EIGHTH	SUBSCRIBER GROU	JP	
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Base Rate Fee: Add th	ne base rat o	e fees for each subsc	iber group	as shown in the boxes a	above.			
Enter here and in block			5 1			\$		
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NI	LE SYSTEM: SYSTEM ID: 007219						nunicatio	Blue Stream Comn
		BER GROUP	SUBSCRII	TE FEES FOR EACH				
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		BER GROUP	SUBSCRI	TE FEES FOR EACH				
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LEGAL NAME OF OWNE Blue Stream Comi						S	YSTEM ID# 007219	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		ONE HUNDRED TWENT				^
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Base Rate Fee First Gi	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
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Nam	007219	LE SYSTEM: SYSTEM ID O0721						Blue Stream Comn
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BI
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Name	LE SYSTEM: SYSTEM ID# tions, LLC 007219							Blue Stream Comn
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (BI
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Name	STEM ID# 007219	SYS					R OF CABLE	Blue Stream Comn
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Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
	TH SUBSCRIBER GRO		11		SUBSCRIBER GROU	
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Fotal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00

	ABLE SYSTEM: ations, LLC					007219
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Total DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
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EGAL NAME OF OWNER OF CAI Blue Stream Communica						007219	Name
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otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
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Gross Receipts First Grou	ıb	\$	0.00	Gross Receipts Secon	id Group	\$	0.00	
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ONE HUNDRED	THIRD :	SUBSCRIBER GROU	IP	ONE HUNDRE	D FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	up	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							 -	
Base Rate Fee Third Gro	up	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	\$				·	\$		

	STEM ID# 007219	SY						LEGAL NAME OF OWNER Blue Stream Comn
				TE FEES FOR EACH				
9	0	SUBSCRIBER GROUP	RED SIXTH			SUBSCRIBER GROU	ED FIFTH	ONE HUNDRE COMMUNITY/ AREA
Computation	U			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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				Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	Group	Crooc recorpte coccii				
	0.00	\$	i Group	Cross resolpts essen		<u>·</u>	·	
	0.00	\$		Base Rate Fee Secon	0.00	\$		3ase Rate Fee First Gro
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 	0.00	\$	d Group	Base Rate Fee Secon			oup	ONE HUNDRED S
	0.00	\$	d Group	Base Rate Fee Secon	IP		oup	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	ONE HUNDRED S
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	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	0	SUBSCRIBER GROU	oup SEVENTH	ONE HUNDRED S
	0.00 DSE	\$ SUBSCRIBER GROUP	d Group D EIGHTH DSE	ONE HUNDRE COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED S COMMUNITY/ AREA CALL SIGN Fotal DSEs
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Minima	YSTEM ID# 007219	S						LEGAL NAME OF OWNER Blue Stream Comn
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BI
9	JP	SUBSCRIBER GROU	ED TENTH	ONE HUNDR	IP	SUBSCRIBER GROU	D NINTH	ONE HUNDRE
_	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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1		\$	d Group	Gross Receipts Secon			•	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	
	0.00 0.00		d Group	Base Rate Fee Secon ONE HUNDRED	0.00	\$ SUBSCRIBER GROU	oup	ONE HUNDRED EL
	0.00	\$	d Group	Base Rate Fee Secon	0.00		oup	ONE HUNDRED EL
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	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
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	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	EVENTH :	ONE HUNDRED EL
	0.00 0.00 DSE	\$ SUBSCRIBER GROU	d Group TWELVTH DSE	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA CALL SIGN	0.00 DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED EL
	0.00 0.00 DSE 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH DSE	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA
	0.00 0.00 DSE 0.00	\$ SUBSCRIBER GROU	d Group TWELVTH DSE Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	SUBSCRIBER GROU	DSE Oup	ONE HUNDRED EL

LEGAL NAME OF OWNE Blue Stream Comi			·			S	007219	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FO	URTEENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
·	·				·			
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
	. > ~ p	[*	0.00		. 2.04р	<u> </u>	3.00	
Base Rate Fee: Add th	e base rate	e fees for each subsc pace L (page 7)	riber group a	as shown in the boxes a	above.			

Name	STEM ID# 007219	SY						LEGAL NAME OF OWNER Blue Stream Comn
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A:	Bl
9		SUBSCRIBER GROUP	GHTEENTH	İ		SUBSCRIBER GROUP	NTEENTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
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		CLIBCODIDED CDOLID			ID	SUBSCRIBER GROU	TEENTH	ONE HUNDRED NIN
)	SUBSCRIBER GROUP	/ENTIETH	ONE HUNDRED TW	<i>)</i>	OODOO! (IDE! (O! (OO	ILCEIVIII	
	0	SUBSCRIBER GROUP	/ENTIETH	ONE HUNDRED TW	0	GODGONIDEN GROO		
		CALL SIGN	DSE			CALL SIGN	DSE	COMMUNITY/ AREA
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	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0 DSE			CALL SIGN
	DSE		DSE	CALL SIGN	DSE		DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNER Blue Stream Comr			•			S	YSTEM ID# 007219	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC				
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWEN	NTY-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL SIGN	DOL	CALL SIGIV	DOL	CALL SIGIV	DOL	OALL SIGIV	DOL	Base Rate F
						_		and
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			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TWEN	ITY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEE	NTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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		-				H		
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	apove.	\$		

Name	007219	S						LEGAL NAME OF OWNER Blue Stream Comn
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl
9)	SUBSCRIBER GROUP	NTY-SIXTH	ONE HUNDRED TW		SUBSCRIBER GROUP	ITY-FIFTH S	ONE HUNDRED TWEN
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Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00		d Group	Base Rate Fee Secon			oup	Base Rate Fee First Gro
	0.00	\$	d Group	Base Rate Fee Secon			oup	Base Rate Fee First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00		oup	Base Rate Fee First Gro
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED TWEI COMMUNITY/ AREA	0.00	SUBSCRIBER GROUP	SEVENTH S	Base Rate Fee First Gro NE HUNDRED TWENTY- COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED TWEI COMMUNITY/ AREA	0.00	SUBSCRIBER GROUP	SEVENTH S	Base Rate Fee First Gro NE HUNDRED TWENTY- COMMUNITY/ AREA
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Name	STEM ID# 007219	SY:						Blue Stream Comn
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A:	BI
9		SUBSCRIBER GROUP	THIRTIETH	İ		SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED TWEN
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIS
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	S.E.E. G.G.N.		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN Total DSEs	0.00			Fotal DSEs
		CALL SIGN				\$		Total DSEs Gross Receipts Third Gr

Name	STEM ID# 007219	SY						LEGAL NAME OF OWNER Blue Stream Comn
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A:	BI
9	_	SUBSCRIBER GROUP	Y-FOURTH	ii		SUBSCRIBER GROUP	TY-THIRD	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
)	SUBSCRIBER GROUP	TY-SIXTH	ONE HUNDRED THIR	JP	SUBSCRIBER GROU	ΓY-FIFTH	ONE HUNDRED THIR
				H				
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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