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
08/31/2020	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2020/1			
Period				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the covering the system's first filing. If not, enter the system's ID	ss of the cable system on the last day of the counting perion	em the accounting period should s	•
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	RCN TELECOM SERVICES LEHIGH LLC			
				00802420201
				008024 2020/1
				2020/1
	650 COLLEGE RD E STE 3100			
	PRINCETON NJ 08540-6629			
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of			
System		The System, it dire	orent from the address give	
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	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comp	aunity coryed below and rel	ist on page 1h
_		offiny title first confin	numity served below and ref	ist on page 1b
Area Served	with all communities. CITY OR TOWN	STATE		
	Alburtis	PA		
First Community				
	Below is a sample for reporting communities if you report multiple cha			CLIB CDD#
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A	SUB GRP#
Sample	Alliance	MD	В	2
	Gering	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 th 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.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: RCN TELECOM SERVICES LEHIGH LLC 008024 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **Alburtis** PA First Allentown PA Community Bangor PA Bath PA **Bethlehem** PA Breinigsville PA See instructions for Catasauqua PA additional information on alphabetization. **Center Valley** PA Cherryville PA Coopersburg PA Coplay PA Add rows as necessary. **Danielsville** PA **East Texas** PΑ PΑ **Easton Emmaus** PA Germansville PA Hellertown PA **Laurys Station** PA Macungie PA Mertztown PA Nazareth PΑ **New Tripoli** PA Northampton PA Orefield PA Pen Argyl PA Riegelsville PA **Schnecksville** PA Slatington PA Stockertown PA Tatamy PA **Treichlers** PA **Trexlertown** PA Walnutport PA Whitehall PA Wind Gap PA

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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	F	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE	
Residential:	COBCONIBLINO		VII	SATESSATI ST SERVICE SUBJECT TWILE	
Service to first set	69,977	\$	16.29		
 Service to additional set(s) 	433	\$	10.18		
FM radio (if separate rate)					
Motel, hotel	743	\$	3.99		
Commercial		\$	12.56		
Converter					
Residential					
Non-residential					
	I	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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		See Next Tab	
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)	\$ 35.00	Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation	\$ 35.00		
		Move to new address			

Α	ACC	OUNTING PERIOD COVE	RED BY THIS STATEMENT:
Accounting		2020/1	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)
Period			

	INSTR	LUCTIONS:	
В	Give	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full	
Owner	corpo	orate title of the subsidiary, not that of the parent corporation.	
	In line	e 2, list any other names under which the owner conducts the business of the cable system.	
	If the	re were different owners during the accounting period, only the owner on the last day of the accounting period should submit	
	a sin	gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DATA
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	0080
		RCN TELECOM SERVICES LEHIGH LLC	
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:	
		650 COLLEGE RD E STE 3100	
		(Number, street, rural route, apartment, or suite number)	
		PRINCETON NJ 08540-6629	
		(City, town, state, zip)	
	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С	names	already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
•	_		
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, 2p code)	

	BLO	CV 1		-		
E	BLO	NO. OF		Ī		
_	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Secondary	Residential:	CODOCITIBEITO	10112			
Transmission	Service to first set	69,977	16.29			
Service: Sub-	Service to additional set(s)	433	10.18			
scribers and	• FM radio (if separate rate)					
Rates	Motel, hotel	743	3.99			
	Commercial	-	12.56			
	Converter					
	Residential					
	Non-residential					
				I		
			BLOCK 1			
F	CATEGORY OF SERVICE	RATE	CATEGORY OF		RATE	
г	Continuing Services:		Installation: No			
Services	• Pay cable			• Motel, hotel		
Services Other Than	Pay cable—add'l channel Fire protection			Commercial Pay cable		
Otner Inan Secondary	*Burglar protection			Pay cable Pay cable-add'l channel		•
ransmissions:	Installation: Residential			Fire protection		1
Rates	• First set			Burglar protection		1
	Additional set(s)	35.00	Other services			1
	• FM radio (if separate rate)		1	• Reconnect]
	Converter			Disconnect]
				Outlet relocation	35.00	ļ
				 Move to new address 		J
М	CHANNELS Instructions: You must give (1)					stations
M Channels		ble system's total n	umber of activa			stations 20
	Instructions: You must give (1) to its subscribers and (2) the cal	ble system's total n nnels on which the dcast stations vated channels rried television broa	cable			
	Instructions: You must give (1) to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of action which the cable system car	ble system's total n nnels on which the dcast stations vated channels rried television broa	cable	ated channels, during the a	ccounting period.	20
N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT	ble system's total n nnels on which the dcast stations vated channels rried television broa	cable	ated channels, during the a	ccounting period.	20
N Individual to Be Contacted	Instructions: You must give (1) to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of actir on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater	ble system's total n nnels on which the dcast stations	umber of active cable adcast stations NFORMATION III Road East. \$2	ated channels, during the a	ndividual Telephone	20
N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of actir on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name	ble system's total n nnels on which the dcast stations vated channels rried television broa rried television broa ED IF FURTHER I ment of account.) Chris Conno 650 College (Num Princeton NJ	umber of active cable adcast stations NFORMATION Road East. 1	I IS NEEDED (Identify an in	ndividual Telephone	20
N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of actir on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name	ble system's total n nnels on which the dcast stations vated channels rried television broa rried television broa ED IF FURTHER I ment of account.) Chris Conno 650 College (Num Princeton NJ	cable cable nFORMATION NFORMATION Road East. 3 ber, street, rural 1 08540 town, state, zip)	I IS NEEDED (Identify an in	ndividual Telephone	20
N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address	ble system's total n nnels on which the dcast stations	umber of activate cable NFORMATION Road East. 98540 10wr, state, zip) 1/2/crn.net	I IS NEEDED (Identify an in Suite 3100 oute, apartment, or suite num igned in accordance with C	Telephone Fax (optional) Copyright Office regs	20 295 609-681-2178
N Individual to Be Contacted for Further Information	Instructions: You must give (1) to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	ble system's total n nnels on which the dcast stations	umber of activate cable NFORMATION Road East. 98540 10wr, state, zip) 1/2/crn.net	I IS NEEDED (Identify an in Suite 3100 oute, apartment, or suite num igned in accordance with 0 (s/s* signature (e.g., /s/Johr in Space O of tab "page 8	Telephone Fax (optional) Copyright Office regs	20 295 609-681-2178
N Individual to Be Contacted for Further Information	Instructions: You must give (1) to its subscribers and (2) the cal 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form will	ble system's total n nnels on which the dcast stations	umber of active cable Illy Road East. 8 Ber, street, rural 08540 town, state, zip) y@rcn.net c certifed and s an electronic " signature box Typed or prir Title:	I IS NEEDED (Identify an in Suite 3100 oute, apartment, or suite num igned in accordance with 0 (s/s* signature (e.g., /s/Johr in Space O of tab "page 8	Telephone Fax (optional) Payinght Office regulation of the space M-O*. Salehani nt - Controller	20 295 609-681-2178

U.S. Copyright Office

ОК

Subgroup Gross Receipts Total

\$ 20,138,298.95

Subgroup		Subgroup/Community Name	Gross Receipts
FIRST	1		\$ 7,572,000.40
SECOND	2	LHV	\$ 12,566,298.54
THIRD	3		
FOURTH	4		
FIFTH	5		
SIXTH	6		
SEVENTH	7		
EIGHTH	8		
NINTH	9		
TENTH	10		
ELEVENTH	11		
TWELVTH	12		
THIRTEENTH	13		
FOURTEENTH	14		
FIFTEENTH	15		
SIXTEENTH	16		
SEVENTEENTH	17		
EIGHTEENTH	18		
NINTEENTH	19		
TWENTIETH	20		
TWENTY-FIRST	21		
TWENTY-SECOND	22		
TWENTY-THIRD	23		
TWENTY-FOURTH	24		
TWENTY-FIFTH	25		
TWENTY-SIXTH	26		
TWENTY-SEVENTH	27		
TWENTY-EIGHTH	28		
TWENTY-NINTH	29		
THIRTIETH	30		
THIRTY-FIRST	31		
THIRTY-SECOND	32		
THIRTY-THIRD	33		
THIRTY-FOURTH	34		
THIRTY-FIFTH	35		
THIRTY-SIXTH	36		
THIRTY-SEVENTH	37		
THIRTY-EIGHTH	38		
THIRTY-NINTH	39		
FORTIETH	40		

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
KJWP	2	I	Roxborough, PA	1.000	J
KYW	3	N	Roxborough, PA	0.250	
WACP	4	1	Atlantic City, NJ	1.000	
WBPH	60	1	Allentown, PA	1.000	
WCAU	10	N	Roxborough, PA	0.250	
WFMZ	69	I	Allentown, PA	1.000	
WGTW	48	I	Roxborough, PA	1.000	
WHYY	12	Ε	Roxborough, PA	0.250	
WLVT	39	Ε	Allentown, PA	0.250	
WNYW	5	1	New York, NY	1.000	0
WPHL	25	1	Roxborough, PA	1.000	
WPIX	11	1	New York, NY	1.000	0
WPPX	24	1	Roxborough, PA	1.000	
WPSG	57	1	Roxborough, PA	1.000	
WPVI	6	N	Roxborough, PA	0.250	
WTVE	51	1	Roxborough, PA	1.000	
WTXF	29	1	Roxborough, PA	1.000	
WUVP	65	1	Roxborough, PA	1.000	
WWOR	5	1	Secaucus, NJ	1.000	0
WWSI	23	1	Philadelphia, PA	1.000	
				#N/A	

	2. B'cast					Space G
	Channel	3. Type of				Basis of
1. Call Sign	Number	Station	6. Location of Station	n	DSE	Carriage
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 20201 RCN TELECOM SERVICES LEHIGH LLC Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

RCN Telecom Services - Lehigh Valley, PA Page 2 - Section F- Block 2

Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	Re	tail Rate
TEN	Adult Premium	\$	24.95
Penthouse TV	Adult Premium	\$	24.95
Aapka Colors	International Premium	\$	14.95
ART-Arabic	International Premium	\$	12.95
CCTV4	International Premium	\$	9.95
CTI Zhong Tian	International Premium	\$	11.95
CCTV4/CTI Zhong Tian	International Premium	\$	11.95
The Filipino Channel (TFC)	International Premium	\$	11.95
GMA Pinoy TV	International Premium	\$	12.95
GMA Life TV	International Premium	\$	9.95
GMA Pinoy/TFC	International Premium	\$	19.95
GMA Life/GMA Pinoy/TFC	International Premium	\$	29.95
GMA Pinoy/TFC/Filipino On Demand	International Premium	\$	29.95
GMA Life/GMA Pinoy/TFC/Filipino On Demand	International Premium	\$	35.95
TV-5 Monde	International Premium	\$	9.95
Antenna Satellite	International Premium	\$	14.95
Mega Cosmos	International Premium	\$	11.95
Antenna Satellite/Mega Cosmos	International Premium	\$	25.95
RAITALIA	International Premium	\$	9.95
TV Japan	International Premium	\$	24.95
MBC (Muhwa Broadcasting Corporation)	International Premium	\$	12.95
TVK24	International Premium	\$	12.95
TVK24/MBC	International Premium	\$	19.95
MYX	International Premium	\$	4.95
TVN24	International Premium	\$	9.95
iTVN	International Premium	\$	14.95
TVN24/iTVN	International Premium	\$	19.95
RTPi	International Premium	\$	6.95
TV Globo	International Premium	\$	19.99
PFC	International Premium	\$	19.95
TV Globo/PFC	International Premium	\$	29.95
RTVI	International Premium	\$	9.95
RTVI Plus	International Premium	\$	9.95
RTVI/RTVI Plus	International Premium	\$	14.95
Channel One Russia (C1R)	International Premium	\$	14.95
Russian Television Network (RTN)	International Premium	\$	15.95
NTV America	International Premium	\$	15.95
C1R/RTN/NTV America/RTVI/RTVI Plus	International Premium	\$	28.95
ITV Gold	International Premium	\$	9.95
Star India Gold	International Premium	\$	9.95
Star One (name change to LifeOK in 2012)	International Premium	\$	9.95
Star India Plus	International Premium	\$	11.95
TV Asia	International Premium	\$	14.95
Zee TV	International Premium	\$	14.95
ITV/TV Asia	International Premium	\$	17.95
ITV/Zee TV/Aapka Colors	International Premium	\$	19.95
Star Gold/Life OK/Star Plus/Aapka Colors	International Premium	\$	21.95
TV Asia/Zee TV	International Premium	\$	24.95
<i> </i>		τ	

Service	Туре	R	etail Rate
Star Gold/Life OK/Star Plus/ITV	International Premium	\$	26.95
Star Gold/Life OK/Star Plus/TV Asia	International Premium	\$	27.95
Star Gold/Life OK/Star Plus/Zee TV/Aapla Colors	International Premium	\$	34.95
Star Gold/Life OK/Star Plus/ITV/Tv Asia/Zee TV/Aapka Colors	International Premium	\$	39.95
MiVision Lite	International Premium	\$	12.00
MiVision Plus	International Premium	\$	22.95
El Paqueton	International Premium	\$	37.00
Premiere Sports	Premiere Packages	\$	6.99
Premiere News & Information	Premiere Packages	\$	4.99
Premiere Children & Family	Premiere Packages	\$	4.99
Premiere Movies & Entertainment	Premiere Packages	\$	9.99
Premiere Total (includes all 4)	Premiere Packages	\$	16.95
HBO	Premium	\$	19.95
Showtime/The Movie Channel (TMC)	Premium	\$	16.95
Cinemax	Premium	\$	9.95
Starz	Premium	\$	11.95
Showtime/TMC/Starz	Premium	\$	21.95
HD Tier	High Definition Package	\$	-
HD Expanded Tier	High Definition Package	\$	8.99
The Jewish Channel	Subscription VOD	\$	6.50
Bollywood Hits On Demand	Subscription VOD	\$	9.95
Filipino On Demand	Subscription VOD	\$	7.95
here! On Demand	Subscription VOD	\$	8.95
Anime Network On Demand	Subscription VOD	\$	6.99
Too Much for TV On Demand	Subscription VOD	\$	17.99
Disney Channel Video On Demand	Subscription VOD	\$	4.99
Fox Soccer Plus	Sports Premium	\$	14.95
MLB Extra Innings (Regular Season)	Sports Package	\$	164.99
MLB Extra Innings (Half Season)	Sports Package	\$	119.99
MLB Extra Innings (Pennant Race)	Sports Package	\$	37.49
MLS Direct Kick (Full Season)	Sports Package	\$	89.00
MLS Direct Kick (Half Season)	Sports Package	\$	59.00
NFL Redzone (Full Season)	Sports Package	\$	54.95
NHL Center Ice (Regular Season)	Sports Package	\$	139.56
NBA League Pass (Early Bird Season)	Sports Package	\$	189.00
NBA League Pass (Full Season)	Sports Package	\$	199.00
NBA League Pass (Holiday Offer)	Sports Package	\$	169.00
NBA League Pass (Half Season)	Sports Package	\$	99.00
NBA League Pass (Race to Playoffs)	Sports Package	\$	49.00

					CVCTEM ID#	· I
RCN TELECOM			LC		SYSTEM ID# 008024	Nama
					000024	
carried by your cable FCC rules and regular 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis station was carried to be not list the station station was carried to List the station here, basis. For further in in the paper SA3 fc Column 1: List ear each multicast stream cast stream as "WETA NETA-simulcast). Column 2: Give th ts community of licen on which your cable s Column 3: Indicate educational station, by for independent multi For the meaning of the Column 4: If the si colanation of local serv Column 5: If you h cable system carried to	ERS: TELEVISION G, identify ever system during to tions in effect on 6.61(e)(2) and (sis, as explained Stations: With Incomply on a substantial and the system data of the station's call associated with A-2". Simulcast the channel number of the system carried the cast, "E" (for nese terms, see paive entered "Y the distant station in a part-tilition on a part-tilition system carried the cast," as the cast of the distant station on a part-tilition on a part-tilition system of the distant statiction on a part-tilition on a p	y television st he accounting In June 24, 19 (4), or 76.63 (1) and in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the staterning substitions are station account of the station account of the station. Whether the station. Whether the station account on the station account of the station a	ation (including g period, except 81, permitting the referring to 76.6 paragraph. It is ation was carried to the total basis station was carried to the total basis station of the report origination cording to its own the reported in the total basis station was assigned to annel 4 in Wash that ion is a network to the reported in the total basis and the total basis and the total basis at the reported in the total basis at the reported in the total basis and the total basis are to the total basis and the	(1) stations carried ecarriage of cert 1(e)(2) and (4))]; is carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television statington, D.C. This bork station, an indefor network multiple or "E-M" (for none totions located in the distant"), enter "Y-tions located in the plete column 5, od. Indicate by entitivated channel	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- h stream separately; for example cion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form which your tering "LAC" if your cable system	Primary Transmitters: Television
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
RCN TELECOM	SERVICES	LEHIGH L	.LC		008024	- Tumo
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space (carried by your cable self-CC rules and regulated 76.59(d)(2) and (4), 76 substitute program beson Substitute Basis Self-Self-Self-Self-Self-Self-Self-Self-	G, identify ever system during to ions in effect or 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and also in spart of contents of the station's call associated with a channel number of the system of the station of the station of the station of the station's call associated with a channel number of the system of the station of the sta	y television st he accounting n June 24, 19, 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substit sign. Do not r h a station acc streams must	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried tute basis station report origination coording to its own be reported in one	(1) stations carried ac carriage of certain (e)(2) and (4))]; as carried by your consecutive Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statistics.	and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the sute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	e in each case of the entering the lecast), "E" (for notes terms, see atton is outside ce area, see propose entered "Y in the entered on a part-tilition of a distant station of a distant entered into on a primary transpoint in the entered into one aprimary transpoint in the entered into one apprimary transpoint in the entered into one apprima	whether the stater "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast streen or before Jumitter or an accenter "E". If , see page (v) ch station. Foons, if any, giv	etwork), "N-M" ('I educational), of general instructive area, (i.e. "or general instructive, you must conaccounting period ause of lack of a geam that is not some 30, 2009, be association repreyou carried the or of the general in U.S. stations, ie the name of the	for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by enterior to a royalty ettivated channel of subject to a royalty ettween a cable sys- senting the prima channel on any of instructions locate list the community me community with	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	
		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	
WWOR	5	I	Yes	0	Secaucus, NJ	
wwsi	23		No		Philadelphia, PA	

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#		
RCN TELECON	SERVICES	LEHIGH L	LC		008024	Name	
PRIMARY TRANSMITTERS: TELEVISION							
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	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						
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its community of licens on which your cable sy	se. For example stem carried th	e, WRC is Chane station.	annel 4 in Wash	nington, D.C. This	may be different from the channel		
educational station, by (for independent multice For the meaning of the Column 4: If the step planation of local service Column 5: If you heable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	rentering the lecast), "E" (for no ese terms, see ation is outside ce area, see prave entered "Yithe distant staticion of a distant is entered into o a primary trans is imulcasts, also ree categories e location of ea Canadian statio	etter "N" (for noncommercial page (v) of the the local senage (v) of the es" in column on during the me basis becar multicast stranor before Jumitter or an appender "E". If , see page (v) ch station. Forncommercial page)	etwork), "N-M" (I educational), of e general instruct vice area, (i.e. "or general instruct 4, you must corraccounting perioduse of lack of a geam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, we the name of the	for network multic or "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, sod. Indicate by entactivated channel or could be senting the primarchannel on any of instructions locate list the community with	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the which the station is identifed.		
		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		

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
RCN TELECOM	SERVICES	LEHIGH L	LC		008024	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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). "Por the meaning of these terms, see page (v) of the general instructions located in						
	•				capacity. payment because it is the subject	
of a written agreement	entered into o	n or before Ju	ine 30, 2009, be	tween a cable sys	stem or an association representing ry transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any ot	her basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the	
Note: If you are utilizing				•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AD		
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 OW					SYSTEM ID#	Name
RCN TELECOM	M SERVICES	LEHIGH L	.LC		008024	- Tumo
PRIMARY TRANSMITT	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), 76.61(e)(2) and (4), 76.61(e)(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 specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. • Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). • Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. • Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for						
		CHANN	EL LINE-UP	٨Ε	·	
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	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
RCN TELECOM	SERVICES	LEHIGH L	.LC		008024		
PRIMARY TRANSMITTERS: TELEVISION							
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as associated with a station according to its over-the-air designation. For example, report multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or							
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations, l	list the community	to which the station is licensed by the		
Note: If you are utilizing				•	which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AF			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
RCN TELECOM	SERVICES	LEHIGH L	.LC		008024		
PRIMARY TRANSMITTERS: TELEVISION							
Reneral: 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 CCC 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 pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for inde							
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations, l	list the community			
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AG			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
RCN TELECOM	SERVICES	LEHIGH L	.LC		008024		
PRIMARY TRANSMITTERS: TELEVISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for ind							
				•	to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing				•			
		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.					2/2====	
LEGAL NAME OF OWN					SYSTEM ID#	Name
RCN TELECON	I SERVICES	LEHIGH L	.LC		008024	
PRIMARY TRANSMITTI	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 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "-I-M" (for						
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations, l	list the community	to which the station is licensed by the	
Note: If you are utilizing				•	which the station is identifed. 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	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
RCN TELECOM	SERVICES	LEHIGH L	.LC		008024		
PRIMARY TRANSMITTERS: TELEVISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for ind							
				•	to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AJ			
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	
RCN TELECOM	SERVICES	LEHIGH L	.LC		008024		
PRIMARY TRANSMITTERS: TELEVISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational) to local							
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.		
Note: If you are utilizing	ng multiple char		•		channel line-up.		
	1	CHANN	EL LINE-UP	AK			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					,	
LEGAL NAME OF OWN					SYSTEM ID#	Name
RCN TELECON	I SERVICES	LEHIGH L	.LC		008024	
RCN TELECOM SERVICES LEHIGH 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 76.59(d)/2) and (4), 76.61(e)/2) and (4), or 76.63 (referring to 76.61(e)/2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as associated with a station according to its over-the-air designation. For example, report multicast stream as sacciated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network s						
For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	sion of a distant tentered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio	multicast streen or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ons, if any, givennel line-ups,	eam that is not some 30, 2009, be ssociation repre you carried the of of the general in the U.S. stations, if the the name of the	subject to a royalty etween a cable sys- senting the primar channel on any ot instructions locate list the community he community with space G for each	payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	
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.					2/2====	
LEGAL NAME OF OWN					SYSTEM ID#	Name
RCN TELECON	I SERVICES	LEHIGH L	.LC		008024	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute Program bas Substitute Program Program 1: List the station here, basis. For further ir in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-Simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you heable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	G, identify even- system during ti ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a subs and also in spa- information cond- ions. ch station's call associated with a-2". Simulcast e channel numl se. For example system carried the in each case we rentering the le cast), "E" (for no ese terms, see ation is outside ice area, see pa ave entered "Y he distant static ion on a part-ti ision of a distant the entered into o a primary trans simulcasts, also inree categories	y television standard by television standard by television standard by television standard by televisions, or auth G—but do list titute basis. In the standard by the standard	g period, except 81, permitting the ferring to 76.6 paragraph. It is in space I (the fitting the ferring to 76.6 paragraph. It is in space I (the fitting the fitting that is a satisfied to the fitting that is a network of the fitting to the fitting that is a network of the fitting that is a network of the fitting that is a network of the fitting that is not some some fitting period and the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repre	(1) stations carried to carriage of certail (e)(2) and (4))]; as carried by your context of both on a substitute, see page (v) on program services the television statifington, D.C. This will be the television statifington, but the television statification of the television of the televis	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system	Primary Transmitters: Television
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.	
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		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	

FORM SA3E. PAGE 3.					2/2====	
LEGAL NAME OF OWN					SYSTEM ID#	Name
RCN TELECON	SERVICES	LEHIGH L	.LC		008024	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
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 program base Substitute Pasis 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 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	G, identify eventy system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)	y television standard by television standard by television standard by television standard by televisions, or auth G—but do list titute basis. In the standard by the standard	period, except 81, permitting the seferring to 76.6 paragraph. It distant stations orizations: to the seferring to 10 paragraph. It is in space I (the stion was carried ute basis station eport origination cording to its own be reported in compared to the sefer and as assigned to the sefer and instruction of the sefer and instruction of the sefer and instruction of the second in	(1) stations carried to carriage of certail (e)(2) and (4))]; as carried by your context of both on a substitute, see page (v) on program services the television statifington, D.C. This will be the television statifington, but the television statification of the television of the televis	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your ering "LAC" if your cable system expacity. expaper system or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.	Primary Transmitters: Television
				•	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing				•		
		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	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
RCN TELECOM	SERVICES	LEHIGH L	.LC		008024	
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), 76,616 (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 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for independent), "I-M" (for in						
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations, l	list the community	to which the station is licensed by the	
Note: If you are utilizing				•		
		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.					21/2=====	
LEGAL NAME OF OWN			1.0		SYSTEM ID#	Name
			.LC		008024	
PRIMARY TRANSMITTE In General: In space (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 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 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stat For the retransmiss of a written agreement	ERS: TELEVISION G., identify even yestem during the one in effect or a fell (e)(2) and (e) is, as explaine it ations: With a CC rules, regular here in space only on a substand also in spatformation concurred. In station's call associated with a channel number of the cast, "E" (for me in each case we entering the least), "E" (for me is e terms, see particular entering the interior of a distant entered into or a part-tirior of a distant entered into or	y television state accounting in June 24, 198, 4), or 76.63 (red in the next prespect to any ations, or authors, o	ation (including to period, except 81, permitting the referring to 76.67 paragraph. If distant stations orizations: It it in space I (the stion was carried to the report origination cording to its over the period of the reported in compact of the reported in compact of the reported in compact origination is a network ation is a network of the reported in compact origination is a network of the reported in compact origination is a network of the reported in compact original instruction is a network of the reported instruction in the reported in the re	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your ce e Special Statement of the special Statem	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify cion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form. The paper SA3 form. The paper SA3 form. The paper SA3 form the channel stating the basis on which your tering "LAC" if your cable system trapacity. The payment because it is the subject term or an association representing	G Primary Transmitters: Television
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, also ree categories e location of ea Canadian statio	mitter or an as o enter "E". If y , see page (v) ch station. Fo ons, if any, give nnel line-ups,	ssociation repres you carried the o of the general in r U.S. stations, I e the name of th	senting the primar channel on any ot nstructions locate list the community the community with space G for each	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
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
RCN TELECON	I SERVICES	LEHIGH L	.LC		008024	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Program Program 1: List the station here, basis. For further ir in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify even- system during ti ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a subs and also in spa- information cond- ions. ch station's call associated with a-2". Simulcast e channel numl se. For example ystem carried the in each case way entering the le cast), "E" (for no ese terms, see ation is outside ice area, see pa ave entered "Y ave entered "Y ave entered "S ice area, see pa ave entered "S ice area, see pa ave entered "S ice area, see pa ave entered "T ice on a part-ti ision of a distant the entered into o a primary trans simulcasts, also aree categories e location of ea	y television standard by television standard	g period, except 81, permitting the referring to 76.6 paragraph. It is a control of the fermion of the referring to 76.6 paragraph. It is a control of the referring to 76.6 paragraph. It is space I (the referring to report origination of the report origination of the reported in control of the reported in control of the reported in control of the reported in the report origination is a network assigned to the reported in the referring to the reported in the referring the re	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your ce special Statement of both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television statington, D.C. This in the television statington, D.C. This in the television statington, D.C. This in the television statington, but the television statington in the more television statington in the television statington, but the television statington in the television statington, but the television statington, but the television statington in the television statington, but the television statington, but the television statington, but the television statington, but the television statington in the television statington, but the television sta	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
		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.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
RCN TELECON	I SERVICES	LEHIGH L	.LC		008024	- Tumo
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
In General: In space carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA- WETA-simulcast). Column 2: Give th its community of licens on which your cable s Column 3: Indicate educational station, by	G, identify every system during the control of the	y television stane accounting in June 24, 194, or 76.63 (rd in the next) respect to any attions, or auth G—but do list titute basis. In the stane in a station acceptable of the station acceptable of the station. Whether the station whether the station.	period, except 81, permitting the ferring to 76.6 paragraph. It is in space I (the stion was carried ute basis station be reported in the coording to its own be reported in the stion is a network ation is a network), "N-M" (I educational), of the stide in the stion is a network), "N-M" (I educational), of the stide is a network), "N-M" (I educational), of the stide is a network), "N-M" (I educational), of the stide is a network), "N-M" (I educational), of the stide is a network), "N-M" (I educational), of the stide is a network), "N-M" (I educational), of the stide is a network), "N-M" (I educational), of the stide is a network), "N-M" (I educational), of the stide is a network), "N-M" (I educational), of the stide is a network), "N-M" (I educational), of the stide is a network in the network in the network is a network in the network in the network in the network is a network in the n	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program services er-the-air designation of the television station of the television station, D.C. This work station, an indefor network multicuter "E-M" (for noncontent of the carried of the television of	and low power television stations) Id only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- on stream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form.	G Primary Transmitters: Television
planation of local serv Column 5: If you h cable system carried to carried the distant stat For the retransmiss of a written agreementhe cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	ice area, see pa ave entered "Ye he distant static tion on a part-tir sion of a distant t entered into or a primary transi simulcasts, also aree categories, e location of ea	age (v) of the es" in column on during the ame basis becamulticast streen or before Jumitter or an acceptance (v), see page (v) ch station. Fo	general instruct 4, you must cor accounting period ause of lack of a sam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations,	ions located in the implete column 5, so d. Indicate by entactivated channel of subject to a royalty etween a cable system and the primary channel on any otinistructions locate list the community	stating the basis on which your tering "LAC" if your cable system	
Note: If you are utilizing				•		
		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	

FURM SA3E, PAGE 3.					0)/07514 ID#	
RCN TELECON			.LC		SYSTEM ID# 008024	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during to ons in effect or 5.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 4), or 76.63 (i d in the next	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
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 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	CC rules, regular here in space only on a substand also in space formation concurrent. In station's call associated with associated with a channel numbers for example of the concurrent of the in each case where the concurrent of	ations, or auth G—but do listitute basis. ace I, if the staterning substifusion of the station acts attended to the station acts at the station acts at the station. Whether the station whether the station acts are always and the local serving (v) of the local serving (v) of the local serving acts and the station or before Jumitter or an act of the station. For the station or serving (v) ch station. For the station of the station or serving (v) ch station.	tit in space I (the ation was carried tute basis station report origination or be reported in the ation is a network), "N-M" (I educational), on the general instruction of the station is a network of the general instruction of the general instruction of the station representation of the general instruction of the gen	e Special Statemed both on a substitute, see page (v) on program services er-the-air designal column 1 (list each the television statifington, D.C. This limit of the television statification in the model of the television should be the television of the television should be the television of the televisio	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ition. For example, report multi- in stream separately; for example on for broadcasting over-the-air in imay be different from the channel upendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). In paper SA3 form. If not, enter "No". For an ex- in paper SA3 form. Istating the basis on which your cering "LAC" if your cable system capacity. In payment because it is the subject istem or an association representing the ty transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the which the station is identifed.	
,		CHANN	EL LINE-UP	AS	<u>'</u>	
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						Name
RCN TELECON	I SERVICES	LEHIGH L	.LC		008024	
PRIMARY TRANSMITT In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Program basis under specific FC • Do not list the station was carried the station was carried to List the station here, basis. For further 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 service Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the steplanation of local service Column 5: If you he cable system carried to carried the distant state For the retransmisser.	A SERVICES ERS: TELEVISIO G, identify every system during to ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular in here in space only on a subs and also in space formation conditions ch station's call associated with a-2". Simulcast e channel numl se. For example system carried the in each case w or entering the le cast), "E" (for in esse terms, see ation is outside ice area, see pa ave entered "Y the distant static ition on a part-tin sion of a distant	y television state accounting in June 24, 194, or 76.63 (red in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state acerning substitt sign. Do not red a station account of the station account of the station. Whether the station account of the station account of the station. Whether the station account of t	ation (including period, except 81, permitting the ferring to 76.6 paragraph. I distant stations orizations: It it in space I (the stion was carried to the ferring to its own be reported in compart origination of the ferring to the ferring to the ferring to its own be reported in compart origination of the ferring to	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the second of the Special Statement of the second	is". If not, enter "No". For an expaper SA3 form. It stating the basis on which your ering "LAC" if your cable system capacity. It payment because it is the subject	G Primary Transmitters: Television
carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	tion on a part-ting on a part-ting of a distant tentered into of a primary trans simulcasts, also aree categories e location of ea Canadian statio	me basis beca multicast stre n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ons, if any, givennel line-ups,	ause of lack of a cam that is not so the 30, 2009, be association repreyou carried the of the general in U.S. stations, the the name of the use a separate	activated channel of subject to a royalty etween a cable sys- senting the primal channel on any of instructions locate list the community ne community with space G for each	capacity. payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AT		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
RCN TELECOM	SERVICES	LEHIGH L	.LC		008024	
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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for in						
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations, l	list the community	to which the station is licensed by the	
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					,		
LEGAL NAME OF OWN					SYSTEM ID#	Name	
RCN TELECON	I SERVICES	LEHIGH L	.LC		008024		
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast),							
the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, also nree categories e location of ea Canadian statio	mitter or an as be enter "E". If , see page (v) ch station. Fo ns, if any, givennel line-ups,	ssociation repre you carried the of the general i r U.S. stations, l e the name of th	senting the primar channel on any ot nstructions locate list the community ne community with space G for each	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
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	
RCN TELECOM	I SERVICES	LEHIGH L	.LC		008024		
PRIMARY TRANSMITT	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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for necommercial educational station, by entering the letter "N" (for necommercial							
				•			
,		•	EL LINE-UP	•			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
				•			
				•			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 008024 RCN TELECOM SERVICES LEHIGH 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2020/
LEGAL NAME OF OWNER OF RCN TELECOM SERV						SYSTEM ID# 008024	Name
SUBSTITUTE CARRIAG					n that your cable syd	tom carried on a	ı
substitute basis during the a explanation of the programn	ccounting pening that mus	eriod, under spe st be included in	cific present and former FC this log, see page (v) of the	C rules, regula	ations, or authorizatio	ons. For a further	Substitute
 During the accounting per broadcast by a distant sta 	iod, did you			s, any nonne	twork television proc		Carriage: Special Statement and Program Log
Note: If your answer is "No log in block 2.			ge blank. If your answer is '	'Yes," you mu	ust complete the pro	gram	Frogram Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the program Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute progra ace, please a of every nor distant stati- gulations, o ation. Do no Lucy" or "NE m was broad sign of the s adcast statio addian statio and and day ve "5/7." es when the Example: a er "R" if the and regulatio orgramming	m on a separa attach additional network televition and that your authorizations to use general of the description of the descri	al pages. Ision program (substitute pur cable system substitute pur cable system substitute s. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nating the substitute programe community to which the community with which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, d for the progeral instruction "basketball". lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y; enter the let	during the accounting the maccounting amming of another one located in the parties and by the FCC or, nitified). List the times accurus the second by the second by the four system was requirer "P" if the listed points.	ng station per m in month rately	
	SUBSTITUT	E PROGRAM		WHE CARR			
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 — 1	DELETION	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 008024 RCN TELECOM SERVICES LEHIGH LLC **PART-TIME CARRIAGE LOG** J 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-

Part-Time Carriage Log

time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

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

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

- · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give
- 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** DATE **FROM** TO DATE **FROM** TO

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

	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
RC	N TELECOM SERVICES LEHIGH LLC		008024	
Ins all (as	tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's seculentified in space E) during the accounting period. For a further explanation of how to ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary transn	nission service	K Gross Receipts
IMI	during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amoun	20,138,298.95 t of gross receipts)	
ColColIf y feeIf y	YRIGHT ROYALTY FEE uctions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. our system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. our system did carry any distant television stations, you must complete the applicable p companying this form and attach the schedule to your statement of account.			Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should bck 3 below.	e entered on	line 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on lin	e 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entere	d on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K			
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.			
	This is your minimum fee.	\$	214,271.50	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and column.	nn 4, you mu od?	st check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	186,725.53	
	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	\$	186,725.53	
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	_\$	214,271.50	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r	0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	214,996.50	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	

Name	LEGAL NAME OF OWNER OF C			SYSTEM ID#
1401116	RCN TELECOM SER	RVICES	LEHIGH LLC	008024
	CHANNELS			
M) the number of channels on which the cable system carried television broa	
Channels	to its subscribers and (2	(2) the c	able system's total number of activated channels, during the accounting per	iod.
Channels	Enter the total number	ber of ch	annels on which the cable	
			adcast stations	
	2. Enter the total number			
		•	ırried television broadcast stations	295
N	INDIVIDUAL TO BE CO	CONTAC	TED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
	we can contact about th			
Individual to				
Be Contacted for Further	Name Chris Cor	nnolly	Telenh	none 609-681-2178
Information	Name 3mis 30		тегрі	
	Address 650 Colle	ege Ra	pad East. Suite 3100	
			ite, apartment, or suite number)	
	Princeton		8540	
	(City, town, state	ate, zip)		
	Email Cl	chris.co	onnolly@rcn.net Fax (optional)	
	1991/1991/1991		11.77	
	CERTIFICATION (This si	stateme	nt of account must be certifed and signed in accordance with Copyright Offic	ce regulations.
0	,		3	J
Certifcation	• I, the undersigned, here	reby certi	fy that (Check one, but only one, of the boxes.)	
	(Owner other than co	corporat	ion or partnership) I am the owner of the cable system as identifed in line 1 of	space B; or
			corporation or partnership) I am the duly authorized agent of the owner of the nat the owner is not a corporation or partnership; or	e cable system as identified
	(Officer or partner)	Alaman	officer (if a corporation) or a partner (if a partnership) of the legal entity identifed	l as owner of the cable system
	in line 1 of space		officer (if a corporation) of a partitle (if a partitle ship) of the legal entity identified	as owner or the cable system
	I have examined the sta	tatement	of account and hereby declare under penalty of law that all statements of fact or	ontained herein
			of account and hereby declare under penalty of law that all statements of lact of the best of my knowledge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 1001	01(1986)]		
		_		
		Х	/s/ Parisa Salehani	
	_	/\		
			electronic signature on the line above using an "/s/" signature to certify this stateme ohn Smith). Before entering the first forward slash of the /s/ signature, place your o	
			n, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's	
	Tv	Tyned or	printed name: Parisa Salehani	
	('	, ypeu oi	printed mario. I direct editerium	
		T:41 - 1	Canian Vian Brasidant Cantus Vian	
	Ti	100	Senior Vice President - Controller (Title of official position held in corporation or partnership)	
			· · · · · · · · · · · · · · · · · · ·	
	Da	Date: A	August 28, 2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th 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 telephor 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 sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: RCN TELECOM SERVICES LEHIGH LLC 008	Namo
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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	Special Statement Concerning Gross Receipts Exclusion
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 or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	- -
space L, (page 7)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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

ACCOUNTING PERIOD: 2020/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica 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 accoun (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	

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 C 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 or 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 particula 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 ε 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, ir 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 beer 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 statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
 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 SCHEDULE

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

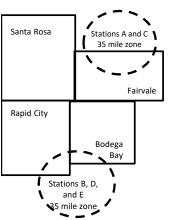
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



	Distant Stations Carried		Identification	Identification of Subscriber Groups						
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS					
n	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)	0.25	Fairvale	Stations B, D, and E	120,000.00					
	TOTAL DSFs	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. PAG	E 11. (CONTINUED)									
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SY	STEM ID#				
I	RCN TELECOM SERVICES LEHIGH LLC 0080									
	SUM OF DSEs OF CATEGOR	RY "O" STATION	IS:		T					
	Add the DSEs of each station									
	Enter the sum here and in line	1 of part 5 of this	s schedule.	0	3.00					
2	Instructions:									
2	In the column headed "Call of space G (page 3).	Sign": list the cal	I signs of all distant stations	identified by the	e letter "O" in column 5					
Computation	In the column headed "DSE"	': for each indepe	endent station, give the DSE	as "1.0"; for e	ach network or noncom-					
of DSEs for	mercial educational station, gi	ve the DSE as ".2	25."							
Category "O"			CATEGORY "O" STATION							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	WNYW	1.000								
	WPIX WWOR	1.000 1.000								
	WWWOR	1.000								
				ļ						
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										

Name		ER OF CABLE SYSTEM: I SERVICES LEHI	GH LLC				S	908024
Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the page SA3 form.								
Capacity		C	ATEGORY LAG	STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	IR 3. N JRS C ED BY S	UMBER OF HOURS TATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		SE.
			÷	=	:	x	=	
			÷ ÷			x x	=	
						x	=	
			÷	=		x	=	
			÷ ÷			x x	=	
			÷	=	:	x	=	
	Add the DSEs of e	F CATEGORY LAC S ach station. nere and in line 2 of p		e,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect of Broadcast one space I). Column 2: For at your option. This Column 3: Enter Column 4: Divi	your system in subst on October 19, 1976 (or more live, nonnetwood each station give the sigure should correct the number of days de the figure in colum	itution for a prograr as shown by the let ork programs during number of live, nor spond with the infor s in the calendar ye in 2 by the figure in	n that your system ter "P" in column i that optional carri metwork program mation in space I. ar: 365, except in column 3, and giv	was permitted to rot space I); and age (as shown by as carried in substance the result in co	rograms) if that station: to delete under FCC rule the word "Yes" in column titution for programs that blumn 4. Round to no les the general instructions in	2 of were deleted s than the third	rm).
		SU	BSTITUTE-BAS	SIS STATIONS	S: COMPUTA	ATION OF DSEs		
	SIGN	NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		<u> </u>		=				=
				=				=
		_		=		-	-	=
				=				=
	Add the DSEs of e	SUBSTITUTE-BAS	IS STATIONS:		▶	0.00		
5		OF DSEs: Give the am plicable to your system		s in parts 2, 3, and	4 of this schedule	e and add them to provide	the tota	
Total Number	1. Number of DS	SEs from part 2●				<u> </u>	3.00	
of DSEs	2. Number of DS	·				<u> </u>	0.00	
	3. Number of DS	SEs from part 4 ●				-	0.00	
	TOTAL NUMBER C	DF DSEs						3.00

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

	OWNER OF CABLE		<u> </u>				S'	YSTEM ID#	Name
	M SERVICES L		.C					008024	
Instructions: Blo In block A:	ck A must be comp	oleted.							
 If your answer if schedule. 	"Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
	"No," complete blo				ABUETO				Computation of
Is the cable system	m located wholly o			FELEVISION M		ection 76.5 of	FCC rules and re	gulations in	Computation of 3.75 Fee
effect on June 24,		utside of all f	najor and sine	allel Illaikets as de	anned under s	ection 70.5 of	r CC rules and re	guiations in	
<u></u>	nplete part 8 of the		O NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	olete blocks B and	C below.							
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations e DSE Scheo	ons prior to Ju dule. (Note: T	part 2, 3, and 4 o ne 25, 1981. For fo he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE		les and regul	ations cited b	asis on which you o elow pertain to tho irket quota rules [7	se in effect o	n June 24, 198		j tc	
	B Specialty static	al educationa I station (76.6	ll station [76.5 35) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)	, , ,		
	•	viously carrie IHF station w	d on a part-tir ithin grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:				n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
	this schedule to o	determine the	DSE.)						
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN WNYW	BASIS	1.00	SIGN	BASIS		SIGN	BASIS		
WPIX	A	1.00							
WWOR	Α	1.00							
				MELITATION OF	- 0 75 555			3.00	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
	e total number of						,		
Line 2: Enter the	e sum of permitte	d DSEs fron	n block B ab	ove			1-		
	line 2 from line 1 leave lines 4–7 b					rate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	line 4 by 0.0375 a	and enter su	ım here						permited/ partially nonpermitted
Line 6: Enter tot	al number of DSI	Es from line	3				. X		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	line 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00	

ACCOUNTING PERIOD: 2020/1

	F OWNER OF CABLE		LC					YSTEM ID# 008024	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			_
1. CALL	2. PERMITTED	3. DSE		2. PERMITTED	3. DSE		2. PERMITTED	3. DSE	6
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation of
									3.75 Fee
				•					
				•					
		•							
				•					
				•					
				•					

Name	RCN TELECOM SERVICES LEHIGH LLC SYSTEM: SYSTEM ID#: 008024										
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.										
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ED (ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			Ī
	1. CALL	2. PRIC		COUNTING		4. BASIS OF	5. PF	RESENT	6. P	ERMITTED	
	SIGN	DSE	PI	ERIOD		CARRIAGE	[DSE		DSE	_
7 Computation of the	,	"Yes," comple	ete blocks B and C locks B and C blan	k and complete	•	t 8 of the DSE schedu					
Syndicated Exclusivity			BLOCK	(A: MAJOR	ΙĿ	LEVISION MARKI	<u>EI</u>				_
Surcharge	Is any portion of the control	cable system v	vithin a top 100 majo	or television mark	ket a	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	
· ·	Yes—Complete	•	, ,			No—Proceed to					
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	3	
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8. Was any station listed in block B of part 7 carried in any commity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.										
									tted DSE		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
										2.22	
			TOTAL DSEs	0.00	- []			TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: RCN TELECOM SERVICES LEHIGH LLC	SYSTEM ID# 008024	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	20,138,298.95	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	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? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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		

N	LEGAL NAN	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	F	RCN TELECOM SERVICES LEHIGH LLC	008024
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. 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.	
Computation of Base Rate Fee	6 was 6 In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pachecked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belock B.	ow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	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.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1		
	'	Enter the amount of gross receipts from space K (page 7) ▶\$	<u>—</u>
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	
	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)	_
			0.00
		Base Rate Fee	<u></u> .

_		SYSTEM ID#	Name
RCN	TELECOM SERVICES LEHIGH LLC	008024	Ivaille
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts		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 Rate Fee	0.00	
	ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas	•	
Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	ilile-ups ili	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac		Computation
•	on, you must:	varitage of this	of Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	the same	and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine t and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for		Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	5 1	Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bel		Partially Distant
	cable system is wholly located outside all major television markets, complete block A only.	ow. However,	Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant stati to that community.	on you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located station's local service area. A subscriber located outside the local service area of a station is distant to that station to the subscriber.)		
Step 3	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. I		
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.	it a cable	
Compu	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	em's subscriber	
-	section:		
	fy the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in of this schedule; or,	parts 2, 3,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bl 6 of this schedule.	ock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	structions	
• Comp	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p		
DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.		

DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 008024 RCN TELECOM SERVICES LEHIGH 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.

LEGAL NAME OF OWN RCN TELECOM S						S	3YSTEM ID# 008024	Name
F	BLOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
·		SUBSCRIBER GROU				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	LHV			COMMUNITY/ AREA	9 Computati			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WNYW	1.00	CALL CIGIT	BOL	OF REE GIGIT	DOL	O/ NEE O/O/V	562	Base Rate
WPIX	1.00							and
WWOR	1.00							Syndicate
WWOK	1.00							-
								Exclusivit
								Surcharg
								for
								Partially
								Distant
								Stations
Γotal DSEs	- !	 	3.00	Total DSEs	-	+	0.00	
Gross Receipts First (Froun	\$ 7,572	,000.40	Gross Receipts Sec	and Group	\$ 12,5	666,298.54	
or coortion of the coortion of	лоцр	.,		ll cross rescipts cos	ona Oroup	<u> </u>		
Base Rate Fee First G	Group	\$ 186	,725.53	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	ΙP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.355500ip.o 11iilu	ap			J. 555 P. Goodpio P. Oul	Стоир			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$ 1	86,725.53	

	ABLE SYSTEM: ES LEHIGH LLC			# 4 Name			
BLOCK A	a: COMPUTATION O	F BASE RA	ATE FEES FOR EAC				
FIFT	H SUBSCRIBER GRO	DUP		SIXTH	I SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	9 Commutatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ILL GIGIT	OF ILLE OF OTT	BOL	ON ILL SIGIY	552	O/ IEE OIOIT	502	Base Rate F
							and
							Syndicate
							Exclusivit
							Surcharge for
							Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Sioss Rescipts First Gloup	<u>*</u>	0.00	Cross recorpts dec	ona Oroap	*		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENT	H SUBSCRIBER GRO)UP		EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

RCN TELECOM SERVIC	ABLE SYSTEM: ES LEHIGH LLC			# Name			
BLOCK	A: COMPUTATION (OF BASE RA	ATE FEES FOR EAC				
NIN	TH SUBSCRIBER GR	OUP		TENTH	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0.132 3.00.	0.320				3.1223.3		Base Rate F
							and
							Syndicate
							Exclusivit
							Surcharge for
	·······						Partially
							Distant
							Stations
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							i
Total DSEs		0.00	Total DSEs			0.00	ı
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	ı
	· ·						ı
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ELEVEN	TH SUBSCRIBER GR	OUP		TWELVTH	SUBSCRIBER GRO	UP	İ
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
							ı
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		0.00	Total DSEs			0.00	ı
Total DSEs		0.00	11		-		i
Total DSEs Gross Receipts Third Group	<u> </u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	!
Total DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	

RCN TELECOM				S	Name			
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC	UP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of	
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
		_						Distant
								Stations
								İ
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								1
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	İ
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				H SUBSCRIBER GRO		İ
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	İ
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	1
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

RCN TELECOM					Wame Name			
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC	UP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
							0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
١	IINTEENTH	SUBSCRIBER GROU	JP	-	TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

CALL SIGN DSE	RCN TELECOM					# 4 Name			
CALL SIGN DSE CA						UP			
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
And Syndiac Surchash	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndiac Exclusion Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group CALL SIGN DSE CA									Base Rate Fe
Total DSEs Gross Receipts First Group Base Rate Fee First Group COMMUNITY AREA CALL SIGN DSE D.00 Gross Receipts Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group S D.00 Base Rate Fee Fourth Group									
Surchain Partial Distar Station Total DSEs O.00 Total DSEs O.00 Base Rate Fee First Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMM									_
Fotal DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA TOTAL SIGN TOTAL									Surcharge
Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O.COMMU									for
Station Station Station Station Station Station Station Since Description Since Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 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 Since Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00									Partially
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Base Rate Fee First Group TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN D		Group	s			and Group	\$		İ
TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN		p							İ
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CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN			SUBSCRIBER GROU		ii —		SUBSCRIBER GRO	UP	İ
Fotal DSEs	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	İ
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 the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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 the base rate fees for each subscriber group as shown in the boxes above.									İ
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 the base rate fees for each subscriber group as shown in the boxes above.									İ
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 the base rate fees for each subscriber group as shown in the boxes above.									İ
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 the base rate fees for each subscriber group as shown in the boxes above.									İ
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 the base rate fees for each subscriber group as shown in the boxes above.									İ
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 the base rate fees for each subscriber group as shown in the boxes above.									ı
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 the base rate fees for each subscriber group as shown in the boxes above.									İ
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 the base rate fees for each subscriber group as shown in the boxes above.									ı
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 the base rate fees for each subscriber group as shown in the boxes above.									İ
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 the base rate fees for each subscriber group as shown in the boxes above.									ı
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 the base rate fees for each subscriber group as shown in the boxes above.									İ
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 the base rate fees for each subscriber group as shown in the boxes above.									İ
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Γotal DSEs			0.00	Total DSEs			0.00	ı
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									1
	Base Kate Fee I hird	Group	\$	0.00	Base Rate Fee Four	in Group	\$	0.00	İ
Enter here and in block 3, line 1, space L (page 7)				riber group	as shown in the boxes	s above.	s		l

LEGAL NAME OF OWN RCN TELECOM S					Name			
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC	UP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٨		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
TWENTY	-SEVENTH	SUBSCRIBER GROU	JP	TWEN	ITY-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs	<u>'</u>		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	•	<u> </u>	*		r	Ļ.		
Base Rate Fee: Add t Enter here and in bloo			riber group	as shown in the boxes	s above.	\$		

				008024 RATE FEES FOR EACH SUBSCRIBER GROUP				
	NINTH S	SUBSCRIBER GROU		THIRTIETH SUBSCRIBER GROUP				
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	Ш							
tal DSEs			0.00	Total DSEs			0.00	
ss Receipts First Group	р	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
se Rate Fee First Group	p	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIRTY-	FIRST	SUBSCRIBER GROU	IP	THIRTY	-SECOND	SUBSCRIBER GRO	UP	
MMUNITY/ AREA			0	COMMUNITY/ AREA			0	
ALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
al DSEs			0.00	Total DSEs			0.00	
ss Receipts Third Grou	ıp	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	l		1					

RCN TELECOM SERVIC	ABLE SYSTEM: ES LEHIGH LLC			008024	M		
	A: COMPUTATION O		ATE FEES FOR EAC	UP			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							Base Rate Fe
							and Syndicated
		<u></u>					Exclusivity
							Surcharge
							for Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	TH SUBSCRIBER GRO		II		I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Four	rth Group	\$	0.00	

Date Date	LEGAL NAME OF OWNE RCN TELECOM SE				SYSTEM ID# 008024				
OMMUNITY/ AREA O COMMUNITY/ AREA O 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 CALL SIGN DSE COMMUNITY/ AREA O COMMUNITY									
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Gross Receipts First Group ase Rate Fee First Group THIRTY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA OCCALL SIGN DSE CALL SI	CALL SIGN	DSE	CALL SIGN	DSE			CALL SIGN	DSE	
Gross Receipts First Group ase Rate Fee First Group THIRTY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA OCCALL SIGN DSE CALL SI									
Gross Receipts First Group ase Rate Fee First Group THIRTY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA OCCALL SIGN DSE CALL SI									
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Gross Receipts First Group ase Rate Fee First Group THIRTY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA OCCALL SIGN DSE CALL SI									
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ASSER RATE FEE First Group THIRTY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CA	otal DSEs			0.00	Total DSEs	•		0.00	
THIRTY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE CALL SIGN D	iross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
THIRTY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE CALL SIGN D									
DMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN					Base Rate Fee Seco				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN D		Y-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		
otal DSEs Toss Receipts Third Group Solution Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group	OMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
oss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
sss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
	otal DSEs			0.00	Total DSEs			0.00	
	Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

NAME OF OWNER OF CAE TELECOM SERVICE				5	3YSTEM ID# 008024	Name
BLOCK A: FORTY-FIRST				RIBER GROUP SUBSCRIBER GRO	NI ID	
UNITY/ AREA	TY/ ARI	1		J GODGONIDEN GNC	0	9 Commutation
SIGN DSE	SN	DSE	DSE	CALL SIGN	DSE	Computation of
						Base Rate Fe
						and
						Syndicated
						Exclusivity Surcharge
						for
						Partially
						Distant
						Stations
				····		
SEs		0.00			0.00	
Receipts First Group	ipts Se	0.00	cond Group	\$	0.00	
Rate Fee First Group	Fee Se	0.00	cond Group	\$	0.00	
FORTY-THIRD	FO	P	RTY-FOURTH	H SUBSCRIBER GRO	DUP	:
UNITY/ AREA	TY/ ARI	1			0	
SIGN DSE	SN	DSE	DSE	CALL SIGN	DSE	
						1
SEs		0.00			0.00	
Receipts Third Group	ipts Fo	0.00	urth Group	\$	0.00	
Rate Fee Third Group	Fee Fo	0.00	urth Group	\$	0.00	
Receipts Third Group	eipts Fo	0.00			0.00	- - 1

LEGAL NAME OF OW RCN TELECOM						S	008024	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	١		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fe
		-						and
								Syndicated Exclusivity
		-						Surcharge
								for
								Partially
								Distant Stations
		-						Ciations
		•						
Γotal DSEs		•	0.00	Total DSEs	.		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
	p					<u>*</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
		SUBSCRIBER GROU		iii —		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
.			6.00					
Base Rate Fee Third	a Group	\$	0.00	Base Rate Fee Four	tn Group	\$	0.00	
Raso Rato Foo: Ada	the bace ret	a foos for each cubes	riher groun	as shown in the boxes	s ahove			
Enter here and in blo			ander group	, as shown in the boxes	abuve.	\$		

RCN TELECOM						S	008024	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				H SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
								1
								1
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
F	IFTY-FIRST	SUBSCRIBER GRO	UP	FIF	TY-SECONI	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								I
		_						1
		_						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OW RCN TELECOM						S	008024	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
								and
								Syndicated
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								for
								Partially
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								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
·	·				·	·		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
F	IFTY-FIFTH	SUBSCRIBER GROU	JP	F	FIFTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA	\		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

		LEHIGH LLC					008024	
				TE FEES FOR EACH			-	
	NTH S	SUBSCRIBER GROU		TI .	Y-EIGHTH	SUBSCRIBER GRO		
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN DS	E	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
oss Receipts First Group		\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
					·			
se Rate Fee First Group		\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIFTY-NII	NTH S	SUBSCRIBER GROU	ΙΡ		SIXTIETH	SUBSCRIBER GRO	JP	
MMUNITY/ AREA			0	COMMUNITY/ AREA 0				
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LL SIGN DS	E	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ALL SIGN DS	E	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ALL SIGN DS	E	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ALL SIGN DS	E	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ALL SIGN DS	E	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ALL SIGN DS	E	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	E -	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	E -	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	E -	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	E	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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CALL SIGN DS	E	CALL SIGN	DSE	CALLSIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	E	CALL SIGN	DSE	CALLSIGN	DSE	CALL SIGN	DSE	
	E	CALL SIGN		Total DSEs	DSE	CALL SIGN		
tal DSEs			0.00	Total DSEs			0.00	
otal DSEs		CALL SIGN				CALL SIGN		
CALL SIGN DS Cotal DSEs Gross Receipts Third Group			0.00	Total DSEs	a Group		0.00	

BLOCK	A: C	OMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP	
SIXTY-FII	RST S	SUBSCRIBER GROU	P	SIXTY	-SECOND	SUBSCRIBER GROU	Р
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN DSI	E	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
							
			ļ				
			<u> </u>				
al DSEs			0.00	Total DSEs			0.00
ss Receipts First Group		\$	0.00	Gross Receipts Second	d Group	\$	0.00
	-				•		
- B-4- F First O			0.00				
se Rate Fee First Group							
	L	\$	0.00	Base Rate Fee Second	d Group	\$	0.00
SIXTY-TH	L	SUBSCRIBER GROU				SUBSCRIBER GROU	
	L	•					
	L	•	IP	SIXTY			P
MUNITY/ AREA	IRD S	•	IP	SIXTY			P
MUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
MMUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
MMUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
MUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
MMUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
MMUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
MMUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
MMUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
MMUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
DMMUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
MMUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
MMUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
MMUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
MMUNITY/ AREA	IRD S	SUBSCRIBER GROU	JP 0	SIXTY COMMUNITY/ AREA	′-FOURTH	SUBSCRIBER GROU	P 0
DMMUNITY/ AREA CALL SIGN DSI	IRD S	SUBSCRIBER GROU	DSE	SIXTY COMMUNITY/ AREA CALL SIGN	′-FOURTH	SUBSCRIBER GROU	DSE
DMMUNITY/ AREA CALL SIGN DSI	IRD S	SUBSCRIBER GROU	DSE DSE	SIXTY COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE 0.00
DMMUNITY/ AREA CALL SIGN DSI tal DSEs	E	SUBSCRIBER GROU	DSE	SIXTY COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE
DMMUNITY/ AREA CALL SIGN DSI tal DSEs	E	CALL SIGN	DSE DSE	SIXTY COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE 0.00
DMMUNITY/ AREA	E I	CALL SIGN	DSE DSE	SIXTY COMMUNITY/ AREA CALL SIGN Total DSEs	Group	CALL SIGN	DSE 0.00

008024 Name	SY					ER OF CABL	RCN TELECOM SI
	RIBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	_OCK A: (Bl
9	SUBSCRIBER GROUP	TY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							
and							
Syndicat					-		
Exclusiv					-		
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for Partiall							
Distan							
Station					-		
	1						
0.00			Total DSEs	0.00			otal DSEs
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	sase Rate Fee First G
		VEIGUEU		ID	CLIBCODIDED CDOL) = \ / = \ I = I	SIXTY-9
	SUBSCRIBER GROUP	Y-EIGHTH	SIXT	JF	SUBSCRIBER GROU	SEVENIH	ODCTT C
0	I SUBSCRIBER GROUP	Y-EIGHTH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	SEVENTH	
O DSE	CALL SIGN	DSE	İ		CALL SIGN	DSE	
			COMMUNITY/ AREA	0			COMMUNITY/ AREA
			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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			COMMUNITY/ AREA	0			COMMUNITY/ AREA
			COMMUNITY/ AREA	0			COMMUNITY/ AREA
			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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DSE		DSE	CALL SIGN	DSE		DSE	COMMUNITY/ AREA

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	: COMPUTATION C H SUBSCRIBER GRO				RIBER GROUP I SUBSCRIBER GRO	IIP
COMMUNITY/ AREA	TO CODOCINDEN ON	0	COMMUNITY/ ARE		T COBOCKIBER ORO	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs	-	0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
SEVENTY-FIRS	T SUBSCRIBER GRO	DUP	SEVEN	TY-SECOND	SUBSCRIBER GRO	UP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		0.00	Total DSEs			0.00
		0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$			·	\$	

LEGAL NAME OF OWN RCN TELECOM S						S	008024	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	İ
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROU	JP 0	ii –		I SUBSCRIBER GRO	_	İ
COMMUNITY/ AREA				COMMUNITY/ AREA	······································		0	İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
							 	İ
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	1
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OW RCN TELECOM						S	008024	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
		-						Syndicated
								Exclusivity Surcharge
		-						for
								Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
SEVE	NTY-NINTH	SUBSCRIBER GROU	JP		EIGHTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Γotal DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

			TE FEES FOR EACH			LID
COMMUNITY/ AREA	ST SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GRO	<u>0</u>
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CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
t-1 D05-		0.00	Total DSEs		Ц	0.00
otal DSEs		0.00				
oss Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
as Bata Fas First Crave		0.00	Bass Bats Fas Sass	- d O		0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Secon	ia Group	\$	0.00
EIGHTY-THIF	D SLIBSCRIBER CRO	2110				
	D SOBSCRIBER GIVE		li	Y-FOURTH	SUBSCRIBER GRO	_
MMUNITY/ AREA	D SOBSCRIBER GRO	0	COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GRO	UP 0
	CALL SIGN		li	Y-FOURTH	SUBSCRIBER GRO	_
		0	COMMUNITY/ AREA			0
		0	COMMUNITY/ AREA			0
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		0	COMMUNITY/ AREA			0
CALL SIGN DSE		DSE	CALL SIGN			DSE
CALL SIGN DSE	CALL SIGN	DSE O.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE DSE
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RCN TELECOM S						S	008024	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٨		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
		-						Surcharge
								for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs	.		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
·	·				·			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROU		ii —		SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	s above.	\$		

RCN TELECOM S						S	YSTEM ID# 008024	Name
				ATE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		I SUBSCRIBER GRO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
37.22 3.3.1	202	3,122 3.3.1		0.122 0.011	332	S. 122 S. S. 1	202	Base Rate Fee
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								Stations
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Total DSEs			0.00	Total DSEs	s 0.00	İ		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	İ
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NIN	ETY-FIRST	SUBSCRIBER GRO	UP	NINE	TY-SECONI	SUBSCRIBER GRO	UP	İ
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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					H SUBSCRIBER GROUP NINTIETH SUBSCRIBER GR DSE CALL SIGN CALL SIGN Ond Group \$ In the subscriber of the subscriber o		i	
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		_	OF BASE RAT ROUP 0 DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					l
			<u></u>	CALL SIGN DSE Total DSEs Gross Receipts Second Group NINETY-SECOND COMMUNITY/ AREA CALL SIGN DSE Total DSEs Total DSEs Gross Receipts Second Group			i	
					EES FOR EACH SUBSCRIBER GROUP NINTIETH SUBSCRIBER GROUP MMUNITY/ AREA O ALL SIGN DSE CALL SIGN DSE ALL	l		
				ERATE FEES FOR EACH SUBSCRIBER GROUP NINTIETH SUBSCRIBER GROUP COMMUNITY/ AREA DESCRIPTION OF TOTAL DESCRIPTION	l			
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Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Foul	rth Group	\$	0.00	1
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	l
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

BLOCK /	A: COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP	
NINETY-THIE	RD SUBSCRIBER GROU	JP	NINETY	/-FOURTH	SUBSCRIBER GROU	IP
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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				<u> </u>		
tal DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Second	d Group	\$	0.00
se Rate Fee First Group	\$	0.00	Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINETY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			
	Ψ	0.00	Base Rate Fee Second	d Group	 \$	0.00
	L'	-				
	I♥ TH SUBSCRIBER GROU	UP	NINE			IP
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MMUNITY/ AREA	TH SUBSCRIBER GROU	UP 0	NINE COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	IP 0
MMUNITY/ AREA	L'	UP	NINE COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	IP 0
MMUNITY/ AREA	TH SUBSCRIBER GROU	UP 0	NINE COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	IP 0
MMUNITY/ AREA	TH SUBSCRIBER GROU	UP 0	NINE COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	IP 0
MMUNITY/ AREA	TH SUBSCRIBER GROU	UP 0	NINE COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	IP 0
MMUNITY/ AREA	TH SUBSCRIBER GROU	UP 0	NINE COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	IP 0
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DMMUNITY/ AREA	TH SUBSCRIBER GROU	UP 0	NINE COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	IP 0
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DMMUNITY/ AREA CALL SIGN DSE	TH SUBSCRIBER GROU	UP 0	NINE COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	IP 0
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CALL SIGN DSE	CALL SIGN	DSE DSE	NINE COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE DSE 0.00
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RCN TELECOM						S	YSTEM ID# 008024	Name
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COMMUNITY/ AREA			0	it .		I COBOOTIBLIT ON	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
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Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00 0.00 GROUP	
NIN	ETY-NINTH	SUBSCRIBER GROU	JP	ONE H	UNDREDTH	I SUBSCRIBER GRO	UP	İ
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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			ATTION OF BASE RATE FEES FOR EACH SUBSTRIBER GROUP NINETY-EIGH O COMMUNITY/ AREA SIGN DSE CALL SIGN DSE O.00 O.00 Total DSEs Gross Receipts Second Group Base Rate Fee Second Group O.00 COMMUNITY/ AREA O.00 Base Rate Fee Second Group COMMUNITY/ AREA SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE O.00 Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs Total DSEs				İ	
			ON OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP R GROUP NINETY-EIGHTH SUBSCRIBER GROUP O COMMUNITY/ AREA I DSE CALL SIGN DSE CALL SIGN DSE O.00 O.00 Total DSEs O.00 OCOMMUNITY/ AREA OCO		İ			
			NOF BASE RATE FEES FOR EACH SUBSCRIBER GROUP NINETY-EIGHTH SUBSCRIBER GROUP 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 CALL SIGN DSE DSE DSE CALL SIGN DSE	İ				
			BASE RATE FEES FOR EACH SUBSCRIBER GROUP VP NINETY-EIGHTH SUBSCRIBER GROUP O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE O.00 O.00 Gross Receipts Second Group O COMMUNITY/ AREA O COMMUNITY/ ARE	i				
			BASE RATE FEES FOR EACH SUBSCRIBER GROUP VP NINETY-EIGHTH SUBSCRIBER GROUP O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE O DOD	İ				
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Total DSEs	1		0.00	Total DSEs	•		0.00	İ
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	1
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	l
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

		BER GROUP	SUBSCRII	TE FEES FOR FACH	BASE RA	COMPUTATION OF	OCK A: C	RI ·
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	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	ss Receipts First Gro
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	Rate Fee First Gro
	Р	SUBSCRIBER GROU	FOURTH:	ONE HUNDRED	Р	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
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RCN TELECOM S						S	3YSTEM ID# 008024	Name
		COMPUTATION OF SUBSCRIBER GROU					UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDR	ED EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		CALL SIGN DSE CALL SIGN ONE DSE	0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			UTATION OF BASE RATE FEES FOR EACH SUBSCICE ONE HUNDRED SIXTION OF BASE RATE FEES FOR EACH SUBSCIED ONE HUNDRED SIXTION OF BASE RATE FEES FOR EACH SUBSCIED ONE HUNDRED SIXTION ONE HUNDRED EIGHTING O					
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			F BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DOUB DOUB DOUB ONE HUNDRED EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE DOUB DOUB DOUB DOUB ONE HUNDRED EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE DOUB DOUB DOUB DOUB DOUB DOUB DOUB DOUB					
			BASE RATE FEES FOR EACH SUBSCRIBER GROUP PONE HUNDRED SIXTH SUBSCRIBER GROUP OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN RCN TELECOM S						S	008024	Name
		COMPUTATION OF SUBSCRIBER GROU					UP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total 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	
ONE HUNDRED E	ELEVENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0.00 Total DSEs 0.00 Gross Receipts Second Group \$	0				
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		-						
			ATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRIBER GROUP COMMUNITY/ AREA SIGN DSE CALL SIGN DSE CALL SIGN DS O.00 Total DSEs Gross Receipts Second Group \$ 0.0 O.00 Base Rate Fee Second Group \$ 0.0 OCOMMUNITY/ AREA COMMUNITY					
			NOF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE O.00 O.00 Gross Receipts Second Group ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA O.00 GROUP ONE HUNDRED TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DSE O.00 GROUP OCMMUNITY/ AREA O OCMMUNITY/ AREA O OCMMUNITY/ AREA O OCMMUNITY/ AREA O OCMMUNITY/ AREA O OCMMUNITY/ AREA O OCMMUNITY/ AREA O OCMMUNITY/ AREA O OCMMUNITY/ AREA O OCMMUNITY/ AREA O OCMMUNITY/ AREA O O OCMMUNITY/ AREA O O OCMMUNITY/ AREA O O O O O O O O O O O O O					
			BASE RATE FEES FOR EACH SUBSCRIBER GROUP JP ONE HUNDRED TENTH SUBSCRIBER GROUP O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE O COMMUNITY/ AREA O COMMUNITY/ A					
				ASSE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRIBER GROUP OCOMMUNITY/ AREA ODSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT				
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 to Enter here and in block			riber group	as shown in the boxes	above.	\$		

RCN TELECOM						S	YSTEM ID# 008024	Name
COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	II		I SUBSCRIBER GRO	UP 0	9
CALL SIGN	DSE	CALL SIGN	DSF	CALL SIGN	DSF	I CALL SIGN	DSF	Computation of
CALL GIGIT	BOL	OALL GIGIT	DOL	OALL CICIT	BOL	CALL SIGIV	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
		-						for
								Partially
								Distant
								Stations
		-						
							2.22	
Total DSEs				Total DSEs				
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	
ONE HUNDRED I	FIFTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	SIXTEENTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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		-	ATION OF BASE RATE FEES FOR EACH SUE IBER GROUP ONE HUNDRED FOURTEI OO COMMUNITY/ AREA SIGN DSE CALL SIGN DS OO DOO GROWN GRO					
			ION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP OCOMMUNITY/ AREA					
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			BASE RATE FEES FOR EACH SUBSCRIBER GROUP UP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs Gross Receipts Second Group DONE HUNDRED SIXTEENTH SUBSCRIBER GROUP ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O					
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW RCN TELECOM						S	008024	Name
ONE HUNDRED SEV	ENTEENTH	COMPUTATION OF SUBSCRIBER GRO	UP	ONE HUNDRED E	IGHTEENTH		UP	9
COMMUNITY/ ARE	4		0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Exclusivity
								Partially
								Distant
								Base Rate Fee and Syndicated Exclusivity Surcharge for Partially
		•••••••••••						Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
Total DSEs			0.00	Total DSEs		•	0.00	Partially Distant Stations
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$		
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	<u>,</u>	
		SUBSCRIBER GRO		Ħ		SUBSCRIBER GRO	_	
COMMUNITY/ ARE	4		0	COMMUNITY/ ARE	Α		U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					DSE CALL SI Cond Group \$ Cond Group \$ TWENTIETH SUBSCRIB A			
							008024 UP 0 CA DSE Ba 3 SE 3 SE 9 O O O O 0 O O O UP 0	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
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RCN TELECOM						S	008024	Name
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RCN TELECOM SERVICE	BLE SYSTEM: S LEHIGH LLC					YSTEM ID# 008024
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RCN TELECOM						S	008024	Name
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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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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
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Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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RCN TELECOM						S	008024	Name
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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RCN TELECOM						S	008024	Name
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Total 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 Secon	nd Group	\$	0.00	
ONE HUNDRED F	IFTY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED F	IFTY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
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Base Rate Fee: Add Enter here and in blo			riber group	o as shown in the boxes	above.	\$		

RCN TELECOM						S	008024	Name
	BLOCK A: 0	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	- SUBSCF	RIBER GROUP		
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COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	Computation
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								Base Rate Fee
								and
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Total 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	
		SUBSCRIBER GROUP		ii e		SUBSCRIBER GROUP)	
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Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

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ase Rate Fee First Gro		\$ 7,572	2,000.40	Gross Receipts Sec	ond Group	\$ 12,5	66,298.54	
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9		SUBSCRIBER GROU	SIXTH			SUBSCRIBER GROU	FIFTH	
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L NAME OF OWNER OF CABLE SYSTEM: I TELECOM SERVICES LEHIGH LLC				S	008024	Name
BLOCK A: COMPUTATION OF						
TWENTY-FIRST SUBSCRIBER GROI			'-SECOND	SUBSCRIBER GRO		9
MUNITY/ AREA	0	COMMUNITY/ AREA			0	Computati
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GAL NAME OF OWNER OF CAE CN TELECOM SERVICE						008024	Name
			TE FEES FOR EACH				
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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	
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	S LEHIGH LLC					008024	
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EGAL NAME OF OWNER OF CARCINIC SERVICE						008024	Name
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ase Rate Fee First Group		0.00	Base Rate Fee Secon	nd Group		0.00	
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ase Rate Fee First Group FORTY-SEVENT	\$	0.00	Base Rate Fee Secon	nd Group TY-EIGHTH	\$	0.00	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon FOR COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA CALL SIGN DSE otal DSEs	SUBSCRIBER GRO	0.00 DSE 0.00	FOR COMMUNITY/ AREA CALL SIGN Total DSEs	nd Group TY-EIGHTH DSE	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group FORTY-SEVENT OMMUNITY/ AREA CALL SIGN DSE	\$ H SUBSCRIBER GRO	0.00 DSE	Base Rate Fee Second FOR COMMUNITY/ AREA CALL SIGN	nd Group TY-EIGHTH DSE	\$ I SUBSCRIBER GRO	0.00 UP DSE	

LEGAL NAME OF OWNE						S	908024	Name
				TE FEES FOR EACH				
FORT COMMUNITY/ AREA	Y-NINTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA	FIFTIETH	I SUBSCRIBER GROU	JP 0	9
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
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EGAL NAME OF OWNER OF CARCON TELECOM SERVICE						008024	Name
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ase Rate Fee First Group	\$	0.00 DUP	Base Rate Fee Secon	d Group	\$	0.00	
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EGAL NAME OF OWNER OF CARCON TELECOM SERVICE						008024	Name
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ase Rate Fee First Group SIXTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIX COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
ase Rate Fee First Group SIXTY-SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO	0.00 DUP	Base Rate Fee Secon SIX COMMUNITY/ AREA	nd Group	\$ I SUBSCRIBER GRO	0.00 UP	
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EGAL NAME OF OWNER OF CARCN TELECOM SERVICE						008024	Name
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BLOCK A: COMPUTATION OF BASE SEVENTY-THIRD SUBSCRIBER GROUP TY/ AREA	RATE FEES FOR EACH SUBSCRIBER GROUP	
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LEGAL NAME OF OWNE RCN TELECOM SE						S	YSTEM ID# 008024	Name
			BASE RA	TE FEES FOR EACH				
	RTY-FIFTH	SUBSCRIBER GROUP	0	i i	RTY-SIXTH	I SUBSCRIBER GROUP	0	9
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Total DSEs			0.00	Total DSEs			0.00	
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ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-EIGHTH	I SUBSCRIBER GROUP)	
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Base Rate Fee: Add th	e base ra	t e fees for each subsc	riber group	as shown in the boxes a	above.			

NI	YSTEM ID# 008024	S'						RCN TELECOM SE
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9		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED FORT
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	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr ONE HUNDRED FIF COMMUNITY/ AREA
	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr ONE HUNDRED FIF
	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr ONE HUNDRED FIF COMMUNITY/ AREA
	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr ONE HUNDRED FIF COMMUNITY/ AREA
	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr ONE HUNDRED FIF COMMUNITY/ AREA
	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr ONE HUNDRED FIF COMMUNITY/ AREA
	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr ONE HUNDRED FIF COMMUNITY/ AREA
	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr ONE HUNDRED FIF COMMUNITY/ AREA
	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr ONE HUNDRED FIF COMMUNITY/ AREA
	0.00 0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr ONE HUNDRED FIF
	0.00 0.00 JP DSE	\$ SUBSCRIBER GROU	-SECOND DSE	Base Rate Fee Secon ONE HUNDRED FIFTY COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROU	TY-FIRST DSE	ONE HUNDRED FIF

LEGAL NAME OF OWNE RCN TELECOM SE						S	YSTEM ID# 008024	Name
				TE FEES FOR EACH			IID.	
ONE HUNDRED FIFT COMMUNITY/ AREA	Y-THIRD	SUBSCRIBER GROU	0	ONE HUNDRED FIFT	Y-FOURTH	SUBSCRIBER GRO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
		07.122 0.011		G. 122 G.G.1		37.22 3.3.1	202	Base Rate Fe
								and
								Syndicated Exclusivity
						 		Surcharge
								for
								Partially
								Distant Stations
								Gtationio
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIF	ΓY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th	e base rai	te fees for each subsc	riber group	as shown in the boxes	above.			

EGAL NAME OF OWNER OF CAB RCN TELECOM SERVICES						008024	Nam
			TE FEES FOR EACH				
ONE HUNDRED FIFTY-SEVENTH	SUBSCRIBER GROUP				SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA		0	COMMUNITY/ AREA				Comput
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Ra
							and
							Syndica Exclusi
							Surcha
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							Distar Station
							Otatio
otal DSEs	Ц	0.00	Total DSEs	1	1	0.00	
						-	
cross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
					\$ I SUBSCRIBER GRO	-	
ONE HUNDRED FIFTY-NINTH				O SIXTIETH		-	
ONE HUNDRED FIFTY-NINTH		UP	ONE HUNDRED	O SIXTIETH		UP	
ONE HUNDRED FIFTY-NINTH	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH OMMUNITY/ AREA	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH COMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH COMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GROU	UP 0	ONE HUNDREI	O SIXTIETH	I SUBSCRIBER GRO	UP 0	
ONE HUNDRED FIFTY-NINTH	SUBSCRIBER GROU	DSE	ONE HUNDREI COMMUNITY/ AREA CALL SIGN	DSE	I SUBSCRIBER GRO	DSE	
ONE HUNDRED FIFTY-NINTH COMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GROU	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	ONE HUNDREI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE O.000	
ONE HUNDRED FIFTY-NINTH COMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GROU	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	ONE HUNDREI COMMUNITY/ AREA CALL SIGN Total DSEs	D SIXTIETH DSE	CALL SIGN	DSE O.000	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name RCN TELECOM SERVICES LEHIGH LLC 008024 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name RCN TELECOM SERVICES LEHIGH LLC 008024 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name RCN TELECOM SERVICES LEHIGH LLC 008024 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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