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 | | | | |
| | \$ | | | | |
| 2/25/2021 | 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 Period | 2020/2 | | | | | | | | |
| B | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 10312 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC. d/b/a SPARKLIGHT | | | | | | | | |
| | | | | 10312202 | 202 | | | | |
| | | | | 10312 2020 |)/2 | | | | |
| | 210 E. EARLL DRIVE PHOENIX, AZ 85012 | | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of | , | | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT | | - | <u> </u> | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: 102 N. 5TH STREET (Number, street, rural route, apartment, or suite number) VINCENNES, IN 47591 (City, town, state, zip code) | | | | | | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the frst comn | nunity served below and rel | st on page 1b | | | | | |
| Area | with all communities. | T | | | | | | | |
| Served | CITY OR TOWN | STATE | | | - | | | | |
| First Community | MCLEANSBORO IL | | | | | | | | |
| | Below is a sample for reporting communities if you report multiple cha | nnel line-ups in S STATE | pace G. CH LINE UP | SUB GRP# | | | | | |
| | Alda | MD | A | 30B GRF# | | | | | |
| 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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 10312 CABLE ONE, INC. d/b/a SPARKLIGHT 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 Δrea of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served 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. CH LINE UP CITY OR TOWN STATE SUB GRP# **MCLEANSBORO** IL First **ALBION** IL Community **GRAYVILLE** IL **FAIRFIELD** IL IL **WAYNE CITY** MT. CARMEL IL See instructions for IL UNINC. WHITE COUNTY additional information on alphabetization. IL **CARMI CROSSVILLE** IL **NORRIS CITY** IL **NEW HARMONY** IL Add rows as necessary. **UNINC. POSEY COUNTY** IL **UNINC. VANDERBURGH COUNTY** IL **VALLER** IL IL **SESSER UNINC. WAYNE COUNTY** IL IL **ENFIELD**

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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#
10312

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.

| | | | | - | | | | |
|------------------------------|-------------|----|-------|------|---------------------|-------------|------|--|
| BL | OCK 1 | | | $\ $ | BLOCK 2 | | | |
| | NO. OF | | | П | | NO. OF | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | | RATE | Ш | CATEGORY OF SERVICE | SUBSCRIBERS | RATE | |
| Residential: | | | | П | | | | |
| Service to first set | 2,871 | \$ | 40.00 | | | | | |
| Service to additional set(s) | | | | | | | | |
| FM radio (if separate rate) | | | | | | | | |
| Motel, hotel | 221 | \$ | 53.25 | | | | | |
| Commercial | | T | | | | | | |
| Converter | | T | | | | | | |
| Residential | | Ī | | | | | | |
| Non-residential | | 1 | | | | | | |
| | | | | 4 1 | | | | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

brief (two- or three-word) description and include the rate for each.

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

BLOCK 2 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential 48.00 · Pav cable 7.00-15.00 · Motel. hotel EXPANDED BASIC \$ 16.00 • Pay cable—add'l channel Commercial **DIGITAL FAM PLUS** \$ Fire protection Pay cable STARZ SUPER PAK \$ 19.00 Burglar protection • Pay cable-add'l channel SHOWTIME UNLTD \$ 19.00 Installation: Residential Fire protection нво 19.00 \$ 100.00 CINEMAX 19.00 First set Burglar protection Additional set(s) Other services: • FM radio (if separate rate) 30.00 Reconnect Converter Disconnect Outlet relocation 30.00 · Move to new address \$ 30.00

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | CHANN | EL LINE-UP | AA | | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|------------------------|
| 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 | |
| KFVS-2 | 11 | I-M | No | | CAPE GIRARDEAU, MO | |
| KBSI | 36 | I-M | No | | CAPE GIRARDEAU, MO | See instructions for |
| WDKA | 25 | I-M | No | | PADUCAH, KY | additional information |
| WPSD-TV | 19 | N | No | | PADUCAH, KY | on alphabetization. |
| WSIL | 34 | N | No | | HARRISBURG, IL | |
| WSIU | 8 | E | No | | CARBONDALE, IL | |
| WTCT | 30 | I | No | | MERION, IL | |
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| 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), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area (i.e. "distant"), enter "Yes": In center "No". For an explanation of local service area, (i.e. "distant"), enter "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of | FORM SA3E. PAGE 3. | | |
|--|--|---------------|------|
| 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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent, "LM" (for independent multicast), "E" (for noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network) multicast), "I" (for independent), "LM" (for independent multicast), "E" (for noncommer | LEGAL NAME OF OWNER OF CABLE SYSTEM: | STEM ID# | Nama |
| 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), or 76.63 (refering to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried 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 nutlicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) o | CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| Garried 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 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 "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 tits 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: If discussed the level service area, (i.e. "distant"), enter "Yes". If rorindependent), "I-M" (for independent multicast). For for he meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: | PRIMARY TRANSMITTERS: TELEVISION | | |
| tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the | n 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), 76.63 (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. Identificated multicast stream as swETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example NETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial edu | a am 'y | |
| FCC. For Mexican or Canadian stations, if any give the name of the community with which the station is identified | explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. | / the | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. | FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. | | |

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|---------|--------------------|-----------|-------------|----------------|------------------------|--|--|--|--|--|
| | CHANNEL LINE-UP AB | | | | | | | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | | | | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | | | | | |
| | NUMBER | STATION | | (If Distant) | | | | | | |
| | | 0.7111011 | | (1. 2.0.0.1.1) | | | | | | |
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| FORM SA3E. PAGE 3. | ACCOUNT | ING PERIOD: 2020/2 |
|--|------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television static 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] | der [′] | G |
| 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 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. | | Primary Transmitters: Television |
| basis under specifc FCC rules, regulations, or authorizations: | _ | |

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION |
|---------|-----------|---------|-------------|--------------|------------------------|
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | |
| | NUMBER | STATION | | (If Distant) | |
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| FORM SA3E. PAGE 3. | ACCOUNTI | NG PERIOD: 2020/2 |
|---|----------------------|------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Mana. |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television so carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried 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 | under ons ed on a | G Primary Transmitters: Television |
| basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some basis. For further information concerning substitute basis stations, see page (v) of the general instructions lo in the paper SA3 form. | e other | |

cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-

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"

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION |
|---------|-----------|---------|-------------|--------------|------------------------|
| SIGN | CHANNEL | | (Yes or No) | CARRIAGE | |
| | NUMBER | STATION | | (If Distant) | |
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ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

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|---------|-----------|---------|-------------|--------------|------------------------|
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | |
| | NUMBER | STATION | | (If Distant) | |
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| FORM SA3E. PAGE 3. | ACCOUNT | ING PERIOD: 2020/2 |
|---|------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television static carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis und FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections | ler [′] | G |
| 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 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. | | Primary Transmitters: Television |
| basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried 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. | | Television |

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

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| 1. CALL SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | 6. LOCATION OF STATION |
|-----------------|---------|---------|-------------|--------------|------------------------|
| | NUMBER | STATION | | (If Distant) | |
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| FORM SA3E. PAGE 3. | ACCOUNTII | NG PERIOD: 2020/2 |
|---|------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television scarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sect | under | G |
| 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 carr 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 | ied on a | Primary Transmitters: Television |
| basis under specifc FCC rules, regulations, or authorizations: | , program | relevision |
| • 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. | 1e | |
| List the station here, and also in space I, if the station was carried both on a substitute basis and also on some basis. For further information concerning substitute basis stations, see page (v) of the general instructions to 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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | CHANNEL LINE-UP AG | | | | | | | |
|-----------------|--------------------------------|---------|-------------|---|------------------------|--|--|--|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
| | NOWBER | STATION | | (II Distailt) | | | | |
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| | ACCOUNTI | ING PERIOD: 2020/2 |
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| FORM SA3E. PAGE 3. | | |
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television stations are carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis upper television in effect on June 24, 1981, permitting the carriage of certain network programs [section can be called the carriage of certai | ınder | G |
| 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 carrie 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 | | Primary Transmitters: Television |
| basis under specifc FCC rules, regulations, or authorizations: | | |

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

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | CHANN | EL LINE-UP | AH | |
|-----------------|--------------------------------|-------|-------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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| | ACCOUNTING | PERIOD: 2020/2 |
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| FORM SA3E. PAGE 3. | | |
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Nama |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power televis carried by your cable system during the accounting period, except (1) stations carried only on a part-time by | pasis under [′] | G |
| FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs 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 | - | Primary |

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 associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | CHANNEL LINE-UP | | | | |
|-----------------|-----------------|---------|-------------|--------------|------------------------|
| 1. CALL SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | 6. LOCATION OF STATION |
| | NUMBER | STATION | | (If Distant) | |
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Transmitters: Television

| FORM SA3E. PAGE 3. | ACCOUNTII | NG PERIOD: 2020/2 |
|---|------------|--------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name - |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television scarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sect | under | G |
| 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 carr 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 | ried on a | Primary Transmitters: |
| basis under specific FCC rules, regulations, or authorizations: | e program | Television |
| • 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. | he | |
| • List the station here, and also in space I, if the station was carried both on a substitute basis and also on som basis. For further information concerning substitute basis stations, see page (v) of the general instructions to 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 | |

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.

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | CHANNEL LINE-UP AJ | | | | | | | |
|-----------------|--------------------------------|---------|-------------|---|------------------------|--|--|--|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the

station was carried only on a substitute basis.

List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | CHANNEL LINE-UP AK | | | | | | | |
|-----------------|--------------------------------|---------|-------------|---|------------------------|--|--|--|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
| | NUMBER | STATION | | (II Distant) | | | | |
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ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other

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).

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | CHANNEL LINE-UP AL | | | | | | | |
|-----------------|--------------------|---------|-------------|--------------|------------------------|--|--|--|
| 1. CALL SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | 6. LOCATION OF STATION | | | |
| | NUMBER | STATION | | (If Distant) | | | | |
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| FORM SA3E. PAGE 3. LEGAL NAME OF OWN | ED OF CARLE OV | OTEM. | | | SYSTEM ID# | |
|---------------------------------------|-----------------|------------------|--------------------|------------------------|---|--------------|
| CABLE ONE, IN | | | | | 10312 | Namo |
| | | | | | 10312 | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | |
| • | | | , , | | and low power television stations) | G |
| | | - | | , | only on a part-time basis under | J |
| • | | | | • | n network programs [sections nd (2) certain stations carried on a | Primary |
| substitute program bas | (/(/ | ,, | U | (e)(z) and (4))], an | id (2) certain stations carried on a | Transmitters |
| | • | | • . | carried by your ca | ble system on a substitute program | Television |
| basis under specifc FC | C rules, regula | tions, or auth | orizations: | | , | |
| · Do not list the station | here in space | G—but do list | it in space I (the | e Special Stateme | nt and Program Log)—if the | |
| station was carried of | • | | | | | |
| | | | | | ite basis and also on some other | |
| | | erning substit | ute basis station | is, see page (v) of | the general instructions located | |
| in the paper SA3 for | | sian Do not r | enort origination | nrogram services | such as HBO, ESPN, etc. Identify | |
| | | | | | on. For example, report multi- | |
| | | | • | • | stream separately; for example | |
| WETA-simulcast). | | | • | ` | • | |
| Column 2: Give the | channel numb | er the FCC h | as assigned to t | he television statio | n for broadcasting over-the-air in | |
| , | • | • | innel 4 in Washi | ngton, D.C. This n | nay be different from the channel | |
| on which your cable sys | | | -ti iti | de atatiana ana inalam | andont station on a nancommunical | |
| | | | | • | endent station, or a noncommercial st), "I" (for independent), "I-M" | |
| | | | | | nmercial educational multicast). | |
| For the meaning of the | , | | ,. | , | • | |
| | | | | | s". If not, enter "No". For an ex- | |
| planation of local service | · · | 0 () | , | | • | |
| • | | | • | • | tating the basis on which your | |
| • | | • | ٠. | • | ering "LAC" if your cable system | |
| carried the distant stati | • | | | | apacity. payment because it is the subject | |
| | | | | | em or an association representing | |
| - | | | | • | rtransmitter, enter the designa- | |
| • | | | • | | er basis, enter "O." For a further | |
| | | | | | in the paper SA3 form. | |
| | | | | • | to which the station is licensed by the | |
| | | , , , | | • | which the station is identifed. | |
| Note: If you are utilizing | g multiple chan | inei iine-ups, i | ise a separate s | space G for each o | nannei iine-up. | |
| | | CHANN | EL LINE-UP | AM | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
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| CHANNEL LINE-UP AM | | | | | | | | |
|--------------------|------------------|---------|-------------|--------------|------------------------|--|--|--|
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | | | |
| | NUMBER | STATION | | (If Distant) | | | | |
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| | ACCOUNTII | NG PERIOD: 2020/2 |
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| FORM SA3E. PAGE 3. | | |
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | N |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television stations carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis upported by the carriage of certain network programs [section of the carriage o | ınder | G |
| 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 | ed on a | Primary |
| substitute program basis, as explained in the next paragraph. | | Transmitters: |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute | program | Television |
| basis under specifc FCC rules, regulations, or authorizations: | | |
| • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. | ; | |
| • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some | | |
| basis. For further information concerning substitute basis stations, see page (v) of the general instructions loc | ated | |
| in the paper SA3 form. | | |
| Column 1: List each station's call sign. Do not report origination program services such as HRO. ESPN, etc. | Identify | |

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.

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | CHANNEL LINE-UP AN | | | | | | | |
|-----------------|--------------------------------|---------|-------------|---|------------------------|--|--|--|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
| | NOWBER | STATION | | (II Distant) | | | | |
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| FORM SAZE, DAGE 2 | ACCOUNTIN | NG PERIOD: 2020/2 |
|---|------------------------|--|
| FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television carried by your cable system during the accounting period, except (1) stations carried only on a part-time bas FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [see | sis under ['] | G |
| 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 calculated by 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 | arried on a | Primary Transmitters: Television |
| basis under specifc FCC rules, regulations, or authorizations: | . • | relevision |
| • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if station was carried only on a substitute basis. | f the | |
| List the station here, and also in space I, if the station was carried both on a substitute basis and also on so basis. For further information concerning substitute basis stations, see page (v) of the general instructions in the paper SA3 form. | | |
| Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, e | etc. Identify | |

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.

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| 1. CALL | | | | | 6. LOCATION OF STATION |
|---------|---------|---------|-------------|--------------|------------------------|
| SIGN | CHANNEL | | (Yes or No) | CARRIAGE | |
| | NUMBER | STATION | | (If Distant) | |
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| | ACCOUNT | NG PERIOD: 2020/2 |
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| FORM SA3E. PAGE 3. | | |
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | N |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television stations carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis upport of crudes and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section of the control of the carriage of certain network programs [section of the carriage of certain network programs [section of the carriage | nder | G |
| Trues and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section | ns | |

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 associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | CHANN | EL LINE-UP | AP | |
|------|-------------------|---------------|-------------|--------------------------|------------------------|
| | | | | | 6. LOCATION OF STATION |
| SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE (If Distant) | |
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Primary Transmitters: Television

| | ACCOUNTI | NG PERIOD: 2020/2 |
|---|-----------------|--|
| FORM SA3E. PAGE 3. | | |
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | N |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television static carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis und FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections | er [′] | G |
| 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 of 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. | on a | Primary Transmitters: Television |
| basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the | | |

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).

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

station was carried only on a substitute basis.

in the paper SA3 form.

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | CHANNEL LINE-UP AQ | | | | | | | |
|-----------------|--------------------------------|---------|-------------|---|------------------------|--|--|--|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
| | NOWBER | STATION | | (II Distant) | | | | |
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| FORM SA3E. PAGE 3. | ACCOUNTI | NG PERIOD: 2020/2 |
|--|------------|--------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television station (arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis up FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section 1]. | nder | G |
| 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 carrie substitute program basis, as explained in the next paragraph. | d on a | Primary Transmitters: |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute basis under specific FCC rules, regulations, or authorizations: | program | Television |
| 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 have and also in substitute basis. | | |

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).

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form.

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | CHANN | EL LINE-UP | AR | |
|-----------------|--------------------------------|-------|-------------|---|------------------------|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
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ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other

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).

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | CHANNEL LINE-UP AS | | | | | | | | |
|-----------------|--------------------------------|---------|-------------|---|------------------------|--|--|--|--|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | |
| | NOWBER | STATION | | (II Distant) | | | | | |
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| FORM SA3E. PAGE 3. | ACCOUNTI | ING PERIOD: 2020/2 |
|--|------------|--------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television stations carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis upport of the programs in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs are continued in the carriage of certain network programs [sections are continued in the carriage of certain network programs are continued in the carriage of certain network programs are continued in the carriage of certain network programs are continued in the carriage of certain network programs are continued in the carriage of certain network programs are continued in the carriage of certain network programs are continued in the carriage of certain network programs are continued in the carriage of certain network progra | nder | G |
| 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 carrie substitute program basis, as explained in the next paragraph. | d on a | Primary Transmitters: |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute 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 | | Television |
| has the station rele, and also in space t, it the station was carried but on a substitute basis and also in some | | |

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

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

in the paper SA3 form.

on which your cable system carried the station.

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| CHANNEL LINE-UP AT | | | | | | | | | |
|--------------------|-----------|---------|-------------|--------------|------------------------|--|--|--|--|
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | | | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | | | | |
| | NUMBER | STATION | | (If Distant) | | | | | |
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ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| CHANNEL LINE-UP AU | | | | | | | | |
|--------------------|-----------|---------|-------------|--------------|------------------------|--|--|--|
| 1. CALL | 2. B'CAST | | | 5. BASIS OF | 6. LOCATION OF STATION | | | |
| SIGN | CHANNEL | | (Yes or No) | CARRIAGE | | | | |
| | NUMBER | STATION | | (If Distant) | | | | |
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| | ACCOUNTI | ING PERIOD: 2020/2 |
|---|------------|--------------------|
| FORM SA3E. PAGE 3. | | |
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television staticarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis un FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section | der | G |
| 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 | | Primary |
| substitute program basis, as explained in the next paragraph. | | Transmitters: |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute p | rogram | Television |
| basis under specifc FCC rules, regulations, or authorizations: | | |
| • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the | | |
| station was carried only on a substitute basis. | | |

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 page multipact stream according to its ever the sign designation. For example, report multipacts are consisted with a station according to its ever the sign designation.

· List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other

each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | CHANN | EL LINE-UP | AV | |
|---------|-----------|---------|-------------|--------------|------------------------|
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | |
| | NUMBER | STATION | | (If Distant) | |
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| | ACCOUNT | ING PERIOD: 2020/2 |
|--|-------------------|--------------------------|
| FORM SA3E. PAGE 3. | | |
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Nama |
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| PRIMARY TRANSMITTERS: TELEVISION | | |
| In General: In space G, identify every television station (including translator stations and low power television stations carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis ur FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections are recommended]. | nder [′] | G |
| 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 substitute program basis, as explained in the next paragraph. | d on a | Primary Transmitters: |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute plasis under specific FCC rules, regulations, or authorizations: | rogram | Television |
| • 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. | | |

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).

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| | | AW | | | |
|---------|-----------|---------|-------------|--------------|------------------------|
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | |
| | NUMBER | STATION | | (If Distant) | |
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#

10312

Н

PRIMARY TRANSMITTERS: RADIO

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 Transmitters: Radio Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

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

| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
|-----------|------------|-----|---------------------|-------------|------------|-----|---------------------|
| 5 5.5.14 | 7 31 1 111 | 5/5 | | 5. LL 51514 | 7 31 1 141 | 5,5 | |
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| FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2 | | | | | | | | | |
|---|-----------------------|---------------------------|---|---------------------|--------------------------------|-----------------|-----------------|--|--|
| LEGAL NAME OF OWNER OF (| CABLE SYST | EM: | | | S | YSTEM ID# | Marra | | |
| CABLE ONE, INC. d/b/a | a SPARKL | IGHT | | | | 10312 | Name | | |
| SUBSTITUTE CARRIAGE | : SPECIA | L STATEMEN | IT AND PROGRAM LOG | | | | ı | | |
| In General: In space I, identiful substitute basis during the ac explanation of the programmi | counting per | riod, under spec | cific present and former FC0 | rules, regula | tions, or authorizations. F | or a further | I Substitute | | |
| 1. SPECIAL STATEMENT | | | | <u> </u> | 1 1 | - | Carriage: | | |
| • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? | | | | | | | | | |
| Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. | | | | | | | | | |
| 2. LOG OF SUBSTITUTE | PROGRA | MS | | | | | | | |
| In General: List each subst | itute progra | m on a separat | | vherever pos | sible, if their meaning is | | | | |
| clear. If you need more space | | | | 41 4 | dente of the control of | | | | |
| period, was broadcast by a | | | sion program (substitute p ur cable system substituted | | | on | | | |
| under certain FCC rules, reg | gulations, or | r authorizations | s. See page (vi) of the gen | eral instruction | ns located in the paper | 511 | | | |
| SA3 form for futher informat | tion. Do not | use general c | ategories like "movies", or | "basketball". | List specific program | | | | |
| titles, for example, "I Love L | | | /bers vs. Bulls." ·"Yes." Otherwise enter "N | ο " | | | | | |
| Column 3: Give the call s | sign of the s | tation broadca | sting the substitute progra | n. | | | | | |
| | | | e community to which the | | | | | | |
| the case of Mexican or Can Column 5: Give the mon | | | community with which the s em carried the substitute p | | | h | | | |
| first. Example: for May 7 giv | e "5/7." | , , | · | | | | | | |
| Column 6: State the time to the nearest five minutes. | | | gram was carried by your o | | | • | | | |
| stated as "6:00–6:30 p.m." | ⊏хапіріе. а | program came | ed by a system nom o.o r. i | 5 p.iii. to 6.2 | o.so p.m. snould be | | | | |
| Column 7: Enter the lette | | | was substituted for progra | | | | | | |
| to delete under FCC rules a gram was substituted for pro | | | | | | | | | |
| effect on October 19, 1976. | ogramming | ınat your syste | iii was permilited to delete | under i CC i | ules and regulations in | | | | |
| | | | | П | | I | | | |
| S | UBSTITUT | E PROGRAM | | | EN SUBSTITUTE IAGE OCCURRED | 7. REASON | | | |
| TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — TO | FOR DELETION | | | |
| | 100 01 110 | OTTLE CICIT | i. Civilion 2007 mon | 7 II V B 7 C | 111000 | | | | |
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10312 CABLE ONE, INC. d/b/a SPARKLIGHT 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 parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the

television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app."

• You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–

 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."

| WHEN CARRIAGE OCCURRED HOURS DATE FROM TO CALL SIGN WHEN CARRIAGE OF THE FROM H DATE FROM H | CCURRED DURS TO |
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| HOURS H | |
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| | AL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC. d/b/a SPARKLIGHT | SYSTEM ID# 10312 | Namo | | | | | |
|--|--|---------------------------|--|--|--|--|--|--|
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts) | | | | | | | | |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. | | | | | | | | |
| | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below. | ld be entered on line | | | | | | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. 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. | \$ 8,361.21 | | | | | | |
| Block 2 Block 3 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "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 to the colum | n 4, you must check d? | | | | | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | 0.00 | | | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ - | | | | | | |
| Block 4 | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | \$ 8,361.21 0.00 | Cable systems submitting additional deposits under Section 111(d)(7) should contact | | | | | |
| | Line 4. FILING FEE | \$ 725.00 | the Licensing additional fees. | | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ 9,086.21 | Division for the appropriate form for submitting the additional fees. | | | | | |

ACCOUNTING PERIOD: 2020/2

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | | | |
|-------------------------------|--|----------------|--|--|--|--|--|--|--|
| Name | CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | | | | | | | |
| | CHANNELS | | | | | | | | |
| M | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations | | | | | | | | |
| | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. | | | | | | | | |
| Channels | Enter the total number of channels on which the cable | | | | | | | | |
| | system carried television broadcast stations | 19 | | | | | | | |
| | | | | | | | | | |
| | 2. Enter the total number of activated channels | | | | | | | | |
| | on which the cable system carried television broadcast stations and nonbroadcast services | 283 | | | | | | | |
| | and nonbroadcast services | | | | | | | | |
| N | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual | | | | | | | | |
| | we can contact about this statement of account.) | | | | | | | | |
| Individual to Be Contacted | | | | | | | | | |
| for Further | Name EMERSON YEARWOOD Telephone 602-3 | 64-6195 | | | | | | | |
| Information | | | | | | | | | |
| | Address 210 E. EARLL DRIVE | | | | | | | | |
| | (Number, street, rural route, apartment, or suite number) | | | | | | | | |
| | PHOENIX, AZ 85012 (City, town, state, zip) | | | | | | | | |
| | EMERCON VEARWOOD & CARL FONE RIZ | | | | | | | | |
| | Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013 | | | | | | | | |
| | CERTIFICATION (This statement of account must be cortifed and signed in accordance with Congright Office regulations.) | | | | | | | | |
| 0 | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) | | | | | | | | |
| Certifcation | • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) | | | | | | | | |
| | | | | | | | | | |
| | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or | | | | | | | | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a | as identified | | | | | | | |
| | in line 1 of space B and that the owner is not a corporation or partnership; or | as identified | | | | | | | |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the | e cable system | | | | | | | |
| | in line 1 of space B. | · | | | | | | | |
| | • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein | I | | | | | | | |
| | are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] | | | | | | | | |
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| | /s/RAYMOND STOCK | | | | | | | | |
| | Enter an electronic signature on the line above using an "/s/" signature to certify this statement. | | | | | | | | |
| | (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility se | | | | | | | | |
| | | | | | | | | | |
| | Typed or printed name: RAYMOND STORCK | | | | | | | | |
| | | | | | | | | | |
| | Title. MICE PRESIDENT | | | | | | | | |
| | Title: VICE PRESIDENT (Title of official position held in corporation or partnership) | | | | | | | | |
| | | | | | | | | | |
| | Date: February 25, 2021 | | | | | | | | |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Nome |
|--|---|---|
| CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 | Name |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuance for more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions. X NO | system for the basic m shall not include sub- uant to section 119." | Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | | |
| Name Mailing Address Mailing Address Mailing Address | | |
| INTEREST ASSESSMENTS | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payr For an explanation of interest assessment, see page (viii) of the general instructions in the paper | | Q |
| Line 1 Enter the amount of late payment or underpayment | | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | × | |
| | x days | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | | |
| | x 0.00274 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | _ | |
| эрасс L, (раде 1) | (interest charge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For full contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | rther assistance please | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the C please list below the owner, address, first community served, accounting period, and ID number a filing. | | |
| Owner Address | | |
| First community served | | |
| Accounting period | | |
| ID number | | |

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

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE **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

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

Base rate fee

- 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.

\$1,907.71

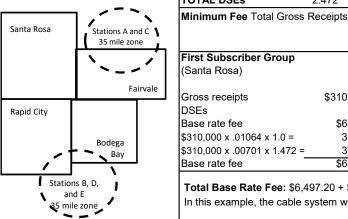
Base rate fee

\$1,604.03

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 | | |
|--------------------------|---|--|---|---|
| STATION | DSE | CITY | OUTSIDE LOCAL | GROSS RECEIPTS |
| A (independent) | 1.0 | | SERVICE AREA OF | FROM SUBSCRIBERS |
| 3 (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 DSEs | 2.472 | | TOTAL GROSS RECEIPTS | \$600,000.00 |
| | Distant Stations Carried STATION A (independent) B (independent) C (part-time) D (part-time) E (network) TOTAL DSEs | STATION DSE A (independent) 1.0 3 (independent) 1.0 C (part-time) 0.083 D (part-time) 0.139 E (network) 0.25 | STATION DSE CITY A (independent) 1.0 B (independent) 1.0 Santa Rosa C (part-time) 0.083 Rapid City D (part-time) 0.139 Bodega Bay E (network) 0.25 Fairvale | STATION DSE CITY OUTSIDE LOCAL A (independent) 1.0 SERVICE AREA OF B (independent) 1.0 Santa Rosa Stations A, B, C, D, E C (part-time) 0.083 Rapid City Stations A and C D (part-time) 0.139 Bodega Bay Stations A and C E (network) 0.25 Fairvale Stations B, D, and E |

\$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 **DSFs IDSFs** 2.472 IDSFs 1.083 1.389 \$1,604.03 Base rate fee \$6.497.20 Base rate fee \$1.907.71 Base rate fee \$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 3,198.80 327.23 \$310,000 x .00701 x 1.472 = $170,000 \times .00701 \times .083 =$ 98.91 $120,000 \times .00701 \times .389 =$

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)

Base rate fee

\$6,497.20

ACCOUNTING PERIOD: 2020/2

| DSE SCHEDULE. PAGE 11. (CONTINUED) LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | | | YSTEM ID# | | |
|--|---|------------------|-----------|-----------------|------------------------|-----------|--|--|
| 1 | | | т | | 3 | 10312 | | |
| | | | | | | | | |
| | SUM OF DSEs OF CATEGOR • Add the DSEs of each station | | | | | | | |
| | Enter the sum here and in line | 0.00 | | | | | | |
| | | | | | | | | |
| 2 | Instructions: | | | | | | | |
| _ | In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). | | | | | | | |
| Computation | In the column headed "DSE" | | | as "1.0"; for e | ach network or noncom- | | | |
| of DSEs for | mercial educational station, giv | e the DSE as ".2 | | | | | | |
| Category "O" | CATEGORY "O" STATIONS: DSEs | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
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| Add rows as | | | | | | | | |
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| Name | | WNER OF CABLE SYSTEM: , INC. d/b/a SPARKLI | GHT | | | | S | YSTEM ID# 10312 |
|---|--|---|--|---|--|--|--|--------------------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v Column 6 | It the call sign of all distar For each station, give the correspond with the inform For each station, give the Divide the figure in colurat least to the third decimate For each independent states as ".25." Multiply the figure in colurations as ".25." | te number of he nation given in the total number on 2 by the fig all point. This it tation, give the furn 4 by the figurn 4 by the figurn 5 to 10 to 1 | ours your cable system space J. Calculate only r of hours that the static pure in column 3, and g is the "basis of carriage e "type-value" as "1.0." igure in column 5, and g | or carried the static y one DSE for each on broadcast over the result in do value" for the sta For each network | on during the accounting p ch station. r the air during the accoun ecimals in column 4. This | nting period. figure must tional station, s than the | |
| Capacity | | (| CATEGORY | Y LAC STATIONS: | COMPUTATI | ON OF DSEs | | |
| | 1. CALL SIGN | 2. NUMBE OF HOL CARRIE SYSTEM | R JRS ED BY | 3. NUMBER OF HOURS STATION ON AIR | 4. BASIS OF CARRIAG VALUE | 5. TYPE | | E |
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| | Add the DSEs of | OF CATEGORY LAC ST of each station. m here and in line 2 of pa | | edule, | | 0.00 | | |
| Computation of DSEs for Substitute-Basis Stations | Was carried tions in efference broadcast or space I). Column 2: Fat your option. Column 3: Ecolumn 4: I | ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the I This figure should corresp Enter the number of days Divide the figure in column | ution for a pro- is shown by the rk programs du number of live, bond with the in in the calenda in 2 by the figur | gram that your system e letter "P" in column 7 iring that optional carria, nonnetwork programs information in space I. Ir year: 365, except in a re in column 3, and give | was permitted to of space I); and ge (as shown by the carried in substite leap year. | grams) if that station: delete under FCC rules ar ne word "Yes" in column 2 o ution for programs that we umn 4. Round to no less the general instructions in the | fere deleted | |
| | | SL | JBSTITUTE | -BASIS STATION | IS: COMPUTA | ATION OF DSEs | 1 | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBI OF DAY IN YEAI | rs | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
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| | Add the DSEs of | OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa | | | ▶ | 0.00 | | |
| 5 Total Number of DSEs | number of DSEs | R OF DSEs: Give the ames applicable to your system of DSEs from part 2 ● of DSEs from part 3 ● | | boxes in parts 2, 3, and | 4 of this schedule | e and add them to provide t | 0.00 0.00 | |
| | 3. Number | of DSEs from part 4 ● | | | | - | 0.00 | |
| | TOTAL NUMBE | R OF DSEs | | | | | | 0.00 |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

| | WNER OF CABLE S | | | | | | S | YSTEM ID# 10312 | Name |
|--|--|---|--|---|---|---|---|--------------------|--|
| In block A: | ck A must be comp | | art 6 and part 7 | of the DSE schedu | ıle blank and | complete part 8 | 3, (page 16) of the | | 6 |
| If your answer if ' | 'No," complete blo | cks B and C | | TELEVISION MA | ADKETS | | | | Computation of |
| Is the cable systen | n located wholly ou | ıtside of all m | | er markets as defin | | tion 76.5 of FC | C rules and regula | tions in | 3.75 Fee |
| effect on June 24, Yes—Com | 1981? | schedule—D | • | LETE THE REMAII | | | | | |
| | | | CK B: CARR | IAGE OF PERM | MITTED DS | Fs | | | |
| Column 1: CALL SIGN | FCC rules and re | of distant sta gulations pride e DSE Scheo | ations listed in por to June 25, 1 | part 2, 3, and 4 of tl 981. For further ex e letter M below ref | his schedule t | hat your systen | ns, see the | , | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursus *F A station pre | les and reguled pursuant to on as defined al educationad station (76.6 r DSE sched ant to individuciously carried the station w | ations cited belothe FCC marking 76.5(kk) (76 all station [76.59 55) (see paragraule). It is a station [76.59 all station for paragraule). It is a station for fC don a part-time ithin grade-B co | e or substitute basi ontour, [76.59(d)(5) | e in effect on 3.57, 76.59(b), (1), 76.63(a) (3) (a) referring the stitution of grass prior to June | June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered staff | .63(a) referring to 61(e)(1) cions in the | l | |
| Column 3: | | e stations ide | ntified by the le | parts 2, 3, and 4 of tter "F" in column 2 | | | ksheet on page 14 | 1 of | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | |
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| | • | | | | | | | 0.00 | |
| | | E | BLOCK C: CC | MPUTATION OF | 3.75 FEE | | | | |
| ine 1: Enter the | total number of | DSEs from | part 5 of this s | schedule | | | | - | |
| ine 2: Enter the | sum of permitted | d DSEs fron | n block B abo | ve | | | | | |
| | | | | of DSEs subject 7 of this schedule | | ate. | | 0.00 | |
| Line 4: Enter gro | ss receipts from | space K (pa | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represen partially |
| Line 5: Multiply li | ine 4 by 0.0375 a | and enter su | m here | | | | x | | permited/ partially nonpermitted |
| Line 6: Enter tota | al number of DSE | Es from line | 3 | | | | | | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply li | ine 6 by line 5 an | d enter here | e and on line 2 | 2, block 3, space | L (page 7) | | | 0.00 | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312 | | | | | | | | | | | | |
|---|-----------------------|--------|-----------------|-----------------------|----------|-----------------|-----------------------|--------|-------------------------|--|--|--|
| | | BLOCK | A: TELEVIS | ION MARKETS | (CONTINI | JED) | | | | | | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 | | | |
| | | | | | | | | | Computation of 3.75 Fee | | | |
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ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? No—Proceed to part 8 Yes—Complete blocks B and C . BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer commercial VHF station that places a grade B contour, in whole or in part, over the cable system? to former FCC rule 76.159) Yes-List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT | SYSTEM ID# 10312 | Name |
|---------------|---|---------------------|---------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 785,827.93 | 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 any | 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 DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | E | |
| | 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) | E | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | | |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |

| Name | | ie of owner of cable system: CABLE ONE, INC. d/b/a SPARKLIGHT | 10312 |
|---|--|---|-----------|
| 7 | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. | |
| Computation of the | | A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$ | |
| Syndicated Exclusivity Surcharge | | B. Enter 0.00189 of gross receipts (the amount in section 1) | |
| 3. · | | 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 | |
| | | Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$\\$\\$\\$\$ | <u></u> . |
| 8 Computation of Base Rate Fee | 6 was of In blood In blood In group blank. What if were located was a second was a | ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below | v |
| | | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | |
| | , | our cable system retransmit the signals of any partially distant television stations during the accounting period? | |
| | L | Yes—Complete part 9 of this schedule. No—Complete the following sections. | |
| | Section 1 | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE Enter the amount of gross receipts from space K (page 7) | |
| | 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 | !!! |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/2

| | AME OF OWNER OF CABLE SYSTEM: LE ONE, INC. d/b/a SPARKLIGHT | SYSTEM ID# 10312 | Name |
|---------------------|---|---------------------|---|
| 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 (the amount in section 1) | | 8 |
| | B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ | | Computation of Base Rate Fee |
| | C. Multiply line B by 3.000 and enter here > \$ | _ | Dago Hato I co |
| | 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 | |
| | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels. | • | 9 |
| In Gen receipt | 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 a on, you must: | | Computation of Base Rate Fee and |
| station DSEs a | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | the number of | Syndicated Exclusivity Surcharge for |
| also co | If any portion of your cable system is located within the top 100 television market and the station is not exempt in moute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only. | ' ' | Partially Distant Stations, and |
| Step 1 | Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant state to that community. | tion you | for Partially Permitted Stations |
| outside | For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that station, the station is distant to the subscriber.) | | |
| subscri | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide. | | |
| Compt groups | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst | em's subscriber | |
| In each Identi Give | 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 al bers in the group. | I of the | |
| | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it i s schedule; or, | n parts 2, 3, and | |
| 2) any | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule. | olock B, | |
| • | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group. | | |
| • Calcuin the | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is paper SA3 form. | nstructions | |
| page. DSEs f | oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not necestal | at is, the total | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10312 CABLE ONE, INC. d/b/a SPARKLIGHT 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 CABLE ONE, INC | | | | | | 5 | 10312 | Name |
|-------------------------------------|-----------------|------------------|----------------|-----------------------|-------------|-----------------------------|------------|------------------|
| | | | | | | | 10312 | |
| | | SUBSCRIBER GRO | | ATE FEES FOR EAC | | IBER GROUP SUBSCRIBER GROU | ID | |
| COMMUNITY/ AREA | | SUBSCRIBER GRO |)UF | COMMUNITY/ ARE | 0 | 9 | | |
| OOMMONT IT AREA | | | | COMMONT IT ALL | Computation | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate F |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
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| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ 5 | 3,592.15 | Gross Receipts Sec | ond Group | \$ | 39,474.24 | |
| | | | | | | | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | TUIDD | OLIDOODIDED ODG | | | FOURT | | ID. | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GROU |)P | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| O'TEE O'O'T | DOL | ONEE CICIT | DOL | ONEE GIGIT | DOL | O/ALL GIGIT | BOL | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ 19 | 2,728.92 | Gross Receipts Fou | rth Group | \$ 2 | 203,541.91 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| | · | | | | <u> </u> | | | |
| | | | | | | | | |
| | | | criber group a | as shown in the boxes | above. | | | |
| Enter here and in bloo | ck 3, line 1, s | space L (page 7) | | | | \$ | 0.00 | |

| LEGAL NAME OF OWN | | | | | | 5 | SYSTEM ID# | Name | | |
|-------------------------|----------------|-----------------|---------------|-----------------------|-------------------|-------------------|------------|------------------|--|--|
| CABLE ONE, INC | . d/b/a SP | ARKLIGHT | | | | | 10312 | Name | | |
| | BLOCK A: | COMPUTATION O | F BASE RA | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | | | |
| | FIFTH | SUBSCRIBER GRO | UP | | SIXTH | I SUBSCRIBER GROU | JP | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | COMMUNITY/ AREA 0 | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of | | |
| | | | | | | | | Base Rate Fee | | |
| | | | | | | | | and | | |
| | | - | | | | | | Syndicated | | |
| | | | | | | | | Exclusivity | | |
| | | | | | <u>.</u> | | | Surcharge | | |
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| | ····· | | <u></u> | - | | | | Distant | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts First C | Group | s 139 | ,971.83 | Gross Receipts Seco | nd Group | \$ | 23,242.30 | | | |
| | | | | | | | | | | |
| Base Rate Fee First G | Proup | ¢ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | | | |
| Dase Nate I ee i list c | лоир | \$ | 0.00 | Dase Nate 1 ee occo | па Огоар | Ψ | 0.00 | | | |
| | SEVENTH | SUBSCRIBER GRO | UP | | EIGHTH | I SUBSCRIBER GROU | JP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | | | |
| 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 | Group | \$ 133 | 3,276.58 | Gross Receipts Four | th Group | \$ | 0.00 | | | |
| | • | | , | | | · | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | th Group | \$ | 0.00 | | | |
| | | | | Ш | | | | | | |
| | | | riber group | as shown in the boxes | above. | | | | | |
| Enter here and in bloc | k 3, line 1, s | pace L (page 7) | | | | \$ | | | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312 | | | | | | | | | | |
|---|--|----------------|--------------|-----------------------|-----------|-------------------------------|---------|-------------------|--|--|--|
| | | COMPUTATION C | | ATE FEES FOR EAC | | IBER GROUP I SUBSCRIBER GROU | JP | | | | |
| COMMUNITY/ AREA | | - 3223 | 0 | COMMUNITY/ ARE | 0 | 9 Computation | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | | |
| | | | | | | | | Base Rate Fe | | | |
| | | | | | | | | and Syndicated | | | |
| | | | | | | | | Exclusivity | | | |
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| | | | | | | | 0.00 | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | JP O | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | |
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| | | | 0.00 | | | | 0.00 | | | | |
| 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 Fou | rth Group | \$ | 0.00 | | | | |
| Base Rate Fee: Add Enter here and in bloo | | | criber group | as shown in the boxes | above. | \$ | | | | | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312 | | | | | | | | | |
|---|---|--|----------------|-----------------------|-----------|------------------------------|------|---------------------------|--|--|
| | | | | TE FEES FOR EAC | | BER GROUP SUBSCRIBER GROU | | | | |
| | | SUBSCRIBER GRO | | TI . | | 9 | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | 0 | Computation | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | |
| | | | | | | | | Base Rate Fee | | |
| | | | | | | | | and | | |
| | | | | | | | | Syndicated Exclusivity | | |
| | ••••• | | | | | | | Surcharge | | |
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| | | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| | 0 | _ | | | | _ | | | | |
| Gross Receipts First | Group | <u>\$</u> | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| | FIFTEENTH | SUBSCRIBER GRO | DUP | | SIXTEENTH | SUBSCRIBER GROU | JP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | | | |
| 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 | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
| | | | | Ш | | | | | | |
| Base Rate Fee: Add Enter here and in blo | the base rat ck 3, line 1, s | e fees for each subs space L (page 7) | criber group a | as shown in the boxes | above. | \$ | | | | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312 | | | | | | | | | |
|---|---|--|----------------|-----------------------|-----------|-----------------|-------------|---------------------------|--|--|
| | | | | TE FEES FOR EAC | | | | | | |
| | | SUBSCRIBER GRO | | TI . | JP | 9 | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | 0 | Computation | | | | |
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| | | | | | | | | Base Rate Fee | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts First | Group | • | 0.00 | Gross Receipts Sec | and Group | e | 0.00 | | | |
| Gloss Receipts Filst | Gloup | <u>\$</u> | 0.00 | Gloss Receipts Geo | ond Group | \$ | 0.00 | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | JP 0 | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | | | |
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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 Fou | rth Group | \$ | 0.00 | | | |
| | | | | II | | | | | | |
| Base Rate Fee: Add Enter here and in blo | the base rat ck 3, line 1, s | e fees for each subs space L (page 7) | criber group a | as shown in the boxes | above. | \$ | | | | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312 | | | | | | | | | |
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| | | | | TE FEES FOR EAC | | | | | | |
| | NTY-FIRST | SUBSCRIBER GRO | | TWEN | | 9 | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | 0 | Computation | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | | |
| TWE | NTY-THIRD | SUBSCRIBER GRO | UP | TWE | NTY-FOURTH | SUBSCRIBER GROU | IP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE. | | | | | | |
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| Gross Receipts Third | Group | <u></u> - | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
| | • | | | · · | • | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | | |
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| Base Rate Fee: Add Enter here and in block | the base rat ck 3, line 1, s | e fees for each subs space L (page 7) | criber group a | as shown in the boxes | above. | \$ | | | | |

| LEGAL NAME OF OWNI | | | | | | S | 10312 | Name |
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| | | COMPUTATION C | | ATE FEES FOR EAC | | IBER GROUP I SUBSCRIBER GROU | JP | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | | | 0.00 | Gross Receipts Second Group \$ 0.00 | | | | |
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| Base Rate Fee First Group \$ 0.00 | | | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| TWENTY COMMUNITY/ AREA | -SEVENTH | SUBSCRIBER GRO |)UP 0 | TWE | | I SUBSCRIBER GROU | JP 0 | |
| | | | | COMMONT I/ AREA | | | | |
| 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 (| Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add tl Enter here and in bloc | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | | | | |
|---|----------------------|----------------------|--------------|-------------------------|-----------|-------------------|-------|---------------------|--|
| CABLE ONE, INC | . d/b/a SP | ARKLIGHT | | | | | 10312 | Name | |
| | | | | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | | |
| | NTY-NINTH | SUBSCRIBER GRO |)UP | | THIRTIETH | I SUBSCRIBER GROU | JP | 0 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
| CALL CIGIT | 502 | O/ILL SIGIT | 562 | O'NEE STOIT | 502 | ONEE CICIT | 552 | Base Rate Fee | |
| | | | | | | | | and | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | | |
| | | | | | | | | | |
| Base Rate Fee First Group \$ 0.00 | | | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | | |
| THI | RTY-FIRST | SUBSCRIBER GRO | UP | THIR | TY-SECONE | SUBSCRIBER GROU | JP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | th Group | \$ | 0.00 | | |
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| Base Rate Fee: Add t | he base rat e | e fees for each subs | criber group | as shown in the boxes a | above. | | | | |
| Enter here and in bloc | | | 5 F | | | \$ | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312 | | | | | | | | | |
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| | | COMPUTATION C SUBSCRIBER GRO | | ATE FEES FOR EAC | | IBER GROUP I SUBSCRIBER GROU | JP | • | |
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| Total DSEs | | | 0.00 | Total DSEs | • | | 0.00 | | |
| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Second Group \$ 0.00 | | | | | |
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| Base Rate Fee First Group \$ 0.00 | | | 0.00 | Base Rate Fee Seco | | \$ | 0.00 | | |
| | RTY-FIFTH | SUBSCRIBER GRC | 0 0 | | | I SUBSCRIBER GROU | JP 0 | | |
| COMMUNITY/ AREA | | | | COMMUNITY/ AREA | | | U | | |
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| CABLE ONE, INC | | | | | | S | 10312 | Name |
|------------------------------------|-----------------|------------------|--------------|-----------------------|-----------|-------------------|----------------|------------------|
| | | | | ATE FEES FOR EAC | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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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 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| | | | criber group | as shown in the boxes | above. | | | |
| Enter here and in blo | ck 3, line 1, s | space L (page 7) | | | | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | | | | |
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| CABLE ONE, INC. | d/b/a SP | ARKLIGHT | | | | | 10312 | Name | |
| E | BLOCK A: | COMPUTATION O | F BASE RA | TE FEES FOR EAC | | | | | |
| FOF | RTY-FIRST | SUBSCRIBER GRO | UP | FOR | TY-SECOND | SUBSCRIBER GROU | JP | 0 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
| 07.122 01011 | 302 | 07.22 0.0.1 | 202 | 07.22 0.0.1 | 232 | 37.22 5.5.1 | 302 | Base Rate Fee | |
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| Gross Receipts First Group \$ 0.00 | | | | Gross Receipts Seco | and Group | \$ | 0.00 | | |
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| Base Rate Fee First G | Base Rate Fee First Group \$ 0.00 | | | Base Rate Fee Seco | ond Group | \$ | 0.00 | | |
| FOR | TY-THIRD | SUBSCRIBER GRO | UP | FOR | TY-FOURTH | I SUBSCRIBER GROU | JP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | | |
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| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | | |
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| Base Rate Fee: Add th | ne base rat e | e fees for each subs | criber aroun : | as shown in the hoxes | above | | | | |
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| LEGAL NAME OF OWN CABLE ONE, INC | | | | | | S | 10312 | Name |
|---|--|--|----------------|-----------------------|-----------|-----------------|-------|---------------------------|
| | | | | TE FEES FOR EAC | | | | |
| | RTY-FIFTH | SUBSCRIBER GRO | | ii — | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
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| Total DSFa | | | 0.00 | Total DSEs | | | 0.00 | |
| Total DSEs 0.00 Gross Receipts First Group \$ 0.00 | | | | Gross Receipts Sec | and Craun | • | 0.00 | |
| Gloss Receipts First C | Sioup | \$ | 0.00 | Gloss Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | /-SEVENTH | SUBSCRIBER GRO | | 1 | | SUBSCRIBER GROU | | |
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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 Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee: Add to Enter here and in bloc | the base rat ck 3, line 1, s | e fees for each subs space L (page 7) | criber group a | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNE | | | | | | S | YSTEM ID# | Name |
|------------------------------------|-------------|----------------------|----------------|-------------------------|-----------|-------------------|-----------|------------------|
| CABLE ONE, INC. | d/b/a SP | ARKLIGHT | | | | | 10312 | Hame |
| E | BLOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| | TY-NINTH | SUBSCRIBER GRO |)UP | | | I SUBSCRIBER GROU | JP | ۵ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| FIF | TY-FIRST | SUBSCRIBER GRO |)UP | FIFT | TY-SECONE | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| 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 G | iroup | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| | | <u>·</u> | | Section of Sun | | | | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| | | | | Ш | | | | |
| Base Rate Fee: Add th | e base rate | e fees for each subs | criber aroup a | as shown in the boxes a | above. | | | |
| Enter here and in block | | | J P | 2 | | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312 | | | | | | | | | |
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| ſ | | COMPUTATION C SUBSCRIBER GRO | | ATE FEES FOR EAC | | IBER GROUP I SUBSCRIBER GROU | JP | • | |
| COMMUNITY/ AREA | A | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
| | | | | | | | | Base Rate Fee | |
| | | | <u>.</u> | | | | | and Syndicated | |
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| Total DSEs | • | | 0.00 | Total DSEs | • | | 0.00 | | |
| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Second Group \$ 0.00 | | | | | |
| | | | | | | | | | |
| Base Rate Fee First Group \$ 0.00 | | | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | | |
| COMMUNITY/ AREA | | SUBSCRIBER GRO | 0 0 | | | I SUBSCRIBER GROU | JP O | | |
| COMMUNITY AREA | | | | COMMUNITY/ ARE | Α | | <u>U</u> | | |
| 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 Fou | rth Group | \$ | 0.00 | | |
| | | | | | | | | | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee: Add | the base rat | e fees for each subs | criber aroun | as shown in the boxes | above | | | | |
| Enter here and in blo | | | group | | | \$ | | | |

| LEGAL NAME OF OW | | | | | | 5 | SYSTEM ID# | Name |
|---|-------------|----------------|--------------|-----------------------|------------|-------------------|------------|----------------------|
| CABLE ONE, IN | C. d/b/a SP | PARKLIGHT | | | | | 10312 | Name |
| | BLOCK A: | COMPUTATION C | OF BASE RA | ATE FEES FOR EAC | H SUBSCR | IBER GROUP | | <u> </u> |
| FIFT | Y-SEVENTH | SUBSCRIBER GRO | OUP | F | FTY-EIGHTH | I SUBSCRIBER GROU | JP | • |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | ٩ | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| · | · | | | | • | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| I | FIFTY-NINTH | SUBSCRIBER GRO | OUP | | SIXTIETH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | Α | | 0 | |
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| | | | 0.00 | | | | 2.22 | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Foul | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312 | | | | | | | | |
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| | | | | TE FEES FOR EAC | | | | |
| | XTY-FIRST | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | ' | | 0.00 | |
| Gross Receipts First C | Gross Receipts First Group \$ 0.00 | | | | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | XTY-THIRD | SUBSCRIBER GRO | | 1 | | SUBSCRIBER GROU | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | Croun | • | | | rth Cro | • | _ | |
| Gross Receipts Third | Group | <u>\$</u> | 0.00 | Gross Receipts Fou | ıın Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add t Enter here and in bloc | he base rat k 3, line 1, s | e fees for each subs pace L (page 7) | criber group a | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | | | | | | 10312 | Name |
|-----------------------|-----------|----------------|--------------|-----------------------|------------|-------------------|-------------|-------------------------------|
| | | | | ATE FEES FOR EAC | | | | |
| SI COMMUNITY/ AREA | XTY-FIFTH | SUBSCRIBER GRO | 0 | COMMUNITY/ AREA | | I SUBSCRIBER GROU | JP 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | Syndicated Exclusivity |
| | | | | | | | | Surcharge for Partially |
| | | | | | | | | Distant Stations |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | | | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SIXTY | -SEVENTH | SUBSCRIBER GRO | UP | S | XTY-EIGHTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 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 | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312 | | | | | | | | |
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| | | SUBSCRIBER GRO | | TI . | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First | | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Total DSEs | <u> </u> | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee: Add Enter here and in blo | the base rat ck 3, line 1, s | e fees for each subs space L (page 7) | criber group a | as shown in the boxes | above. | \$ | | |
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| LEGAL NAME OF OWN CABLE ONE, INC | | | | | | S | 10312 | Name |
|------------------------------------|-----------|---------------------------------|--------------------|-----------------------|------------|---------------------------------|---------|-------------------|
| SEVE | | COMPUTATION C SUBSCRIBER GRO | UP | 11 | NTY-FOURTH | IBER GROUP I SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE/ | ٩ | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 0.00 | | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | NTY-FIFTH | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | JP O | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
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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 Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC. | | | | | | S | 10312 | Name |
|--|-------------------------------------|--|----------------|-----------------------|------------|-----------------|---------|------------------|
| Е | LOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EAC | CH SUBSCRI | BER GROUP | | |
| | SEVENTH | SUBSCRIBER GRO | | tt - | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | oup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | |
| | TY-NINTH | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | 1P 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | iroup | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee: Add th Enter here and in block | e base rat e 3, line 1, s | e fees for each subse pace L (page 7) | criber group a | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWI | | | | | | S | YSTEM ID# | Name |
|-----------------------|--------------|----------------------|----------------|-------------------------------------|------------|-------------------|-----------|---------------------|
| CABLE ONE, INC | د. d/b/a SP | ARKLIGHT | | | | | 10312 | Halle |
| | BLOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EAC | | | | |
| | | SUBSCRIBER GRO | DUP | EIGH | TY-SECONE | SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 0 | 9 Computation |
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| OF ALL STOTA | 502 | GALL STORY | 562 | O/ LEE GIGIT | 502 | ONEE CICIT | 552 | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Second Group \$ 0.00 | | | | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| EIG | SHTY-THIRD | SUBSCRIBER GRO | DUP | EIGH | ITY-FOURTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 0 | | | |
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| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add | the base rat | e fees for each subs | criber group a | as shown in the boxes | above. | | | |
| Enter here and in blo | | | 5 F | | | \$ | | |

| LEGAL NAME OF OW | | | | | | S | SYSTEM ID# | Name |
|---|------------------|-----------------|--------------|-------------------------------------|------------|-------------------|------------|----------------------|
| CABLE ONE, INC | ت. d/b/a SP | ARKLIGHT | | | | | 10312 | Hante |
| | BLOCK A: | COMPUTATION C | OF BASE RA | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| El | GHTY-FIFTH | SUBSCRIBER GRO | OUP | El | GHTY-SIXTH | I SUBSCRIBER GROU | JP | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | A | | 0 | 9 Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Second Group \$ 0.00 | | | | |
| C. 656 . 1666.pts61 | Отощр | | | | a | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| EIGHT | Y-SEVENTH | SUBSCRIBER GRO | OUP | EIGI | HTY-EIGHTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
| 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 | l Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| BB (F = | 1.0 | | 2.53 | B B 5 . 5 | #1- 0 | | 2.55 | |
| Base Rate Fee Third | ı Group | \$ | 0.00 | Base Rate Fee Four | ın Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |
| | O. O. III O 1, 3 | paso L (page 1) | | | | Ψ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312 | | | | | | | | |
|---|--------------------------------------|--|----------------|-----------------------|----------------|-----------------|-------------|---------------------------|
| | | | | TE FEES FOR EAC | | | | |
| EIG COMMUNITY/ AREA | HTY-NINTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ ARE | | SUBSCRIBER GROU | JP 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | Computation of | | | |
| 07.122 0.011 | 332 | 07.22 0.01 | 232 | S. 122 S. S. 1 | DSE | CALL SIGN | DSE | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated Exclusivity |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NIN | ETY-FIRST | SUBSCRIBER GRO | DUP | NINE | TY-SECOND | SUBSCRIBER GROU | JP . | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| 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 | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Foul | rth Group | \$ | 0.00 | |
| | | | | •• | | | | |
| Base Rate Fee: Add t Enter here and in bloc | he base rat k 3, line 1, s | e fees for each subs space L (page 7) | criber group a | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | | | | | s | 10312 | Name |
|--|---------------|----------------|-------------------|-----------------------|-------------|-----------------|-------|----------------------|
| | | | | ATE FEES FOR EAC | | | | |
| | ETY-THIRD | SUBSCRIBER GRO | | TI . | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NIN | NETY-FIFTH | SUBSCRIBER GRO | UP | N | INETY-SIXTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Gross Receipts Third | Эгоир | <u>\$</u> | 0.00 | Gross Receipts Fou | тат Стоир | \$ | 0.00 | |
| Base Rate Fee Third Group \$ 0.00 | | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee: Add Enter here and in bloo | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC. | | | | | | S | 10312 | Name |
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| | | | | ATE FEES FOR EAC | | | | |
| | SEVENTH | SUBSCRIBER GRO | | 11 | | I SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE/ | ٩ | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | TY-NINTH | SUBSCRIBER GRO | UP | 1 | | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE/ | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third C | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third C | Group | \$ | 0.00 | Base Rate Fee Foun | rth Group | \$ | 0.00 | |
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| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNE | | | | | | S | SYSTEM ID# | Name |
|-------------------------|-------------|----------------------|--------------|-----------------------|-----------|-----------------|------------|----------------------|
| CABLE ONE, INC. | d/b/a SP | ARKLIGHT | | | | | 10312 | Name |
| | | | | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| ONE HUNDR | ED FIRST | SUBSCRIBER GRO | UP | ONE HUNDRE | ED SECOND | SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| | ED THIRD | SUBSCRIBER GRO | UP | 11 | | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
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| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Fourt | th Group | \$ | 0.00 | |
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| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourt | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add th | e base rate | e fees for each subs | criber aroun | as shown in the hoxes | above | | | |
| Enter here and in block | | | . 5. 5.46 | | | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312 | | | | | | | | | |
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| | | | | TE FEES FOR EAC | | | | <u> </u> | |
| | RED FIFTH | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | | 9 | |
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| • | · | | | | · | \$ | 0.00 | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | |
| ONE HUNDRED | SEVENTH | SUBSCRIBER GRO |)UP | ONE HUND | RED EIGHTH | SUBSCRIBER GROU | UP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | | |
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| | | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee: Add the Enter here and in bloo | | | criber group | as shown in the boxes | above. | \$ | | | |

| LEGAL NAME OF OWNE | | | | | | S | SYSTEM ID# | Name |
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| CABLE ONE, INC. | d/b/a SP | ARKLIGHT | | | | | 10312 | Hame |
| | | | | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| ONE HUNDR | ED NINTH | SUBSCRIBER GRO | UP | ONE HUND | RED TENTH | SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| ONE HUNDRED E | LEVENTH | SUBSCRIBER GRO | UP | ONE HUNDREI | D TWELVTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | |
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| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
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| Base Rate Fee: Add th | e base rate | e fees for each subs | criber aroun : | as shown in the boxes | above. | | | |
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| CABLE ONE, INC. | | | | | | S | YSTEM ID# 10312 | Name |
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| ONE HUNDRED THI | | | JP | | URTEENTH | IBER GROUP SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Gross Receipts First G | Gross Receipts First Group \$ 0.00 | | | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED FI | IFTEENTH | SUBSCRIBER GROU | JP | ONE HUNDRED | SIXTEENTH | SUBSCRIBER GROU | IP | |
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| Base Rate Fee: Add th Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | | | | | S | 10312 | Name |
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| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Seco | | \$ | 0.00 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | ui Gioup | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add t Enter here and in bloc | | | riber group | as shown in the boxes | above. | \$ | | |
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| CABLE ONE, INC | | | | | | S | 10312 | Name |
|---|--------------------------------------|--|-------------|-----------------------|------------|------------------|-------|------------------|
| | BLOCK A: | COMPUTATION O | F BASE RA | TE FEES FOR EAC | H SUBSCR | BER GROUP | | |
| | ENTY-FIRST | SUBSCRIBER GRO | | | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | A | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Gross Receipts First C | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED TWE | ENTY-THIRD | SUBSCRIBER GROUP | 5 | ONE HUNDRED TWE | NTY-FOURTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE/ | A | | 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 | Group | \$ | 0.00 | Gross Receipts Fou | th Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add to Enter here and in block | ne base rat k 3, line 1, s | e rees for each subso pace L (page 7) | riber group | as snown in the boxes | apove. | \$ | | |

| LEGAL NAME OF OWN CABLE ONE, INC | | | | | | S | 3YSTEM ID# 10312 | Name |
|---|-----------------------------------|----------------------------------|--------------|-----------------------|-------------|--------------------------------|---------------------|---------------------------|
| | | COMPUTATION C SUBSCRIBER GROU | | ONE HUNDRED T | WENTY-SIXTH | IBER GROUP I SUBSCRIBER GROUP | 0 | 9 |
| oommonn 1, 7 m.E.r. | | | | | ` | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
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| Gross Receipts First 0 | ross Receipts First Group \$ 0.00 | | | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED TWENT | Y-SEVENTH | SUBSCRIBER GROU | Р | ONE HUNDRED TW | ENTY-EIGHTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | ٩ | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | <u>I</u> | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | ·F | | | | - · | · | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWN | | | | | | S | SYSTEM ID# | Name |
|---|-------------|-----------------|----------------|-----------------------|-------------|------------------|------------|----------------------|
| CABLE ONE, INC | . d/b/a SP | ARKLIGHT | | | | | 10312 | Name |
| | BLOCK A: | COMPUTATION O | F BASE RA | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| ONE HUNDRED TW | ENTY-NINTH | SUBSCRIBER GROU | Р | ONE HUNDRE | D THIRTIETH | SUBSCRIBER GROUP | | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| 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 | ond Group | \$ | 0.00 | |
| ONE HUNDRED TI | HIRTY-FIRST | SUBSCRIBER GROU | Р | ONE HUNDRED THI | RTY-SECONE | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 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 | 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 | |
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| Base Rate Fee: Add to Enter here and in bloo | | | criber group a | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC. | | | | | | S | 3YSTEM ID# 10312 | Name |
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| | | COMPUTATION O SUBSCRIBER GROU | | ONE HUNDRED THI | RTY-FOURTH | IBER GROUP | 0 | 9 |
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| Total DSEs | | | 0.00 | Total DSEs | • | | 0.00 | |
| | | | 0.00 | Gross Receipts Second Group \$ 0.00 | | | | |
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| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | IIRTY-FIFTH | SUBSCRIBER GROUI | | 1 | | SUBSCRIBER GROUP | _ | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add ti Enter here and in bloc | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC. | | | | | | S | 3YSTEM ID# 10312 | Name |
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| ONE HUNDRED THIRTY | | | Р | ATE FEES FOR EAC | | IBER GROUP I SUBSCRIBER GROUP | | • |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | | | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Seco | and Group | \$ | 0.00 | |
| ONE HUNDRED THII | RTY-NINTH | SUBSCRIBER GROUI | P | ONE HUNDRE | D FORTIETH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add th Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWN CABLE ONE, INC | | | | | | \$ | 3YSTEM ID# 10312 | Name |
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| | | COMPUTATION C SUBSCRIBER GROU | | ONE HUNDRED FO | RTY-SECOND | IBER GROUP SUBSCRIBER GROUP | 0 | 9 |
| COMMONT IT AIREA | | | | COMMONT IT AIRE | | | | Computation |
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| | | | 0.00 | Gross Receipts Second Group \$ 0.00 | | | | |
| Giosa Neceipia i iisi C | эгоир | \$ | 0.00 | Gross Receipts Sect | ond Group | - \$ | 0.00 | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED FO | ORTY-THIRD | SUBSCRIBER GROU | Р | ONE HUNDRED FO | RTY-FOURTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | criber group | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC. | | | | | | S | 10312 | Name |
|--|--------------------------------------|--|---------------|-----------------------|-------------|------------------|-------|--------------------------|
| E | BLOCK A: | COMPUTATION O | F BASE RA | TE FEES FOR EAC | H SUBSCRI | BER GROUP | | |
| | RTY-FIFTH | SUBSCRIBER GROUP | | H . | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED FORT | Y-SEVENTH | SUBSCRIBER GROUP |) | ONE HUNDRED FO | ORTY-EIGHTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | A | | 0 | |
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| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | |
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| Base Rate Fee: Add the Enter here and in block | ne base rat o 3, line 1, s | e fees for each subsc pace L (page 7) | riber group a | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNE | | | | | | S | SYSTEM ID# | Name |
|-------------------------|--------------|-----------------------|-------------|-----------------------|------------|-----------------|------------|----------------------|
| CABLE ONE, INC. | d/b/a SP | ARKLIGHT | | | | | 10312 | Name |
| | | | | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| ONE HUNDRED FOR | TY-NINTH | SUBSCRIBER GRO | UP | ONE HUNDRE | D FIFTIETH | SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
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| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| ONE HUNDRED FIF | TY-FIRST | SUBSCRIBER GRO | UP | ONE HUNDRED FIF | TY-SECONE | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third 0 | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| | | | | Ш | | | | |
| Base Rate Fee: Add th | ne base rate | e fees for each subso | riber aroun | as shown in the boxes | above. | | | |
| Enter here and in block | | | 3.546 | 25/.00 | | \$ | | |

| LEGAL NAME OF OWN | | | | | | S | SYSTEM ID# | Name |
|--|------------------|-----------------|--------------|-----------------------|-------------|-----------------|------------|----------------------|
| CABLE ONE, INC | :. d/b/a SP | ARKLIGHT | | | | | 10312 | Name |
| | BLOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| ONE HUNDRED F | IFTY-THIRD | SUBSCRIBER GRO | UP | ONE HUNDRED FIF | TY-FOURTH | SUBSCRIBER GROU | JP | • |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| | | | 0.00 | Gross Receipts Seco | and Group | \$ | 0.00 | |
| · | | | | | | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED F | IFTY-FIFTH | SUBSCRIBER GRO |)UP | ONE HUNDRED I | FIFTY-SIXTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| 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 | c | 0.00 | |
| Duse Nate I de 1/1110 | Стоир | <u> </u> \$ | 0.00 | Dase Nate I ee Pour | Отоар | \$ | 0.00 | |
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| Base Rate Fee: Add Enter here and in bloo | | | criber group | as shown in the boxes | above. | \$ | | |
| Line note and in bloc | J. O, III O 1, 5 | pass L (page 1) | | | | Ψ | | |

| CABLE ONE, INC. | | | | | | S | 10312 | Name |
|--|-------------------------------------|--|----------------|-----------------------|--------------|------------------|-------|--------------------------|
| В | BLOCK A: | COMPUTATION O | F BASE RA | TE FEES FOR EAC | H SUBSCRI | BER GROUP | | |
| ONE HUNDRED FIFTY | -SEVENTH | SUBSCRIBER GROUI | | ONE HUNDRED I | FIFTY-EIGHTH | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ······ | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First Gr | | \$ | 0.00 | Base Rate Fee Seco | | \$ | 0.00 | |
| | FTY-NINTH | SUBSCRIBER GROUI | | ii . | | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 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 G | iroup | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| | | | | •• | | | | |
| Base Rate Fee: Add th Enter here and in block | e base rat e 3, line 1, s | e fees for each subso pace L (page 7) | criber group a | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OW CABLE ONE, IN | | | | | | • | 10312 | Name |
|-----------------------------------|------------------|------------------|--------------|-----------------------|-----------|----------------|------------|---------------------------|
| | BLOCK A: | COMPUTATION (| OF BASE RA | ATE FEES FOR EAG | CH SUBSCR | RIBER GROUP | | |
| | FIRST | SUBSCRIBER GRO | DUP | - | SECONE | SUBSCRIBER GRO | JP | 9 |
| COMMUNITY/ AREA | ٩ | | | COMMUNITY/ ARE | Α | | 0 | Computation |
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| | | - | | | ······ | | 39,474.24 | |
| | | | | | | | 0.00 | |
| | | | | | | | 0.00 | |
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| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ 5 | 3,592.15 | Gross Receipts Sec | ond Group | \$ | 39,474.24 | |
| | | | | | | | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | | SUBSCRIBER GRO | | 1 | | SUBSCRIBER GRO | | |
| COMMUNITY/ AREA | Α | 0 | | COMMUNITY/ ARE | Α | | 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 | s 19 | 2,728.92 | Gross Receipts Fou | rth Group | \$ 2 | 203,541.91 | |
| | | | | | | | | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| | _ 0.5up | <u> </u> | 0.00 | | Стоир | Ψ | 0.00 | |
| | | | | | | | | |
| | | | criber group | as shown in the boxes | above. | | | |
| Enter here and in blo | ock 3, line 1, s | space L (page 7) | | | | \$ | 0.00 | |

| CABLE ONE, INC | | | | | | • | 10312 | Name |
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| | BLOCK A: | COMPUTATION C | F BASE RA | ATE FEES FOR EAG | CH SUBSCR | IBER GROUP | | |
| | | SUBSCRIBER GRO | | - | | SUBSCRIBER GRO | UP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | s 13 | 9,971.83 | Gross Receipts Sec | ond Group | \$ | 23,242.30 | |
| · | • | · | | | | · | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | SEVENTH | SUBSCRIBER GRO |)UP | | EIGHTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Cross Bossints Third | Croup | . 13 | 3,276.58 | Cross Bossints Fou | urth Croup | ¢ | 0.00 | |
| Gross Receipts Third | i Group | , I3 | U,£1 U.JO | Gross Receipts Fou | nai Gioup | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | irth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | |

| ABLE ONE, INC. | | | | | | IDED 0= 5::- | | |
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| ross Receipts First Gr | oup. | e | 0.00 | Gross Receipts Sec | and Group | ¢ | 0.00 | |
| ioss Receipis Filsi Gi | oup | \$ | 0.00 | Gloss Receipts Sec | orid Group | \$ | | |
| | | | | III | | | [] | |
| ase Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| Gross Receipts First Group | \$ | | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First Group | \$ | | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FIFTEE | NTH SUBS | CRIBER GRO | UP | | SIXTEENTH | SUBSCRIBER GROU | JP | |
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| Total DSEs Gross Receipts Third Group | \$ | | 0.00 | Total DSEs Gross Receipts Fou | th Group | \$ | 0.00 | |

| CABLE ONE, INC | | | | | | | 10312 | |
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| ase Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | NINTEENTH | SUBSCRIBER GRO | DUP | | TWENTIETH | SUBSCRIBER GROU | JP | |
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| | l Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Total DSEs Gross Receipts Third | l Group | \$ | | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | · | \$ | | Gross Receipts Fou | · | \$ | 0.00 | |
| Gross Receipts Third | · | \$ | 0.00 | | · | | | |

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| | IP | IBER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | | COMPUTATION OF SUBSCRIBER GROU | | |
| 9 Computation | 0.00 0.00 0.00 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | 0.00 | I SUBSCRIBER GROU | Y-FOURTH | TWEN' | JP 0 | | TY-THIRD | Base Rate Fee First Gr TWEN |
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| LEGAL NAME OF OWI | | | | | | \$ | 10312 | Name |
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| c. see i teerpte Tilliu | . 5.5up | • | | S. S | .a. Croup | * | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| ase Rate Fee: Add | | | criber group a | II | above. | \$ | | |

| CABLE ONE, INC | . d/b/a SP. | ARKLIGHT | | | | | 10312 | Name |
|------------------------|-------------|----------------|------------|--------------------|------------|----------------|-------|----------------------|
| | BLOCK A: | COMPUTATION C | OF BASE RA | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
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| Γotal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| · | · | | | | · | · | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| THI | RTY-FIRST | SUBSCRIBER GRO | DUP | THIF | RTY-SECOND | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | |
| | Group | e | | | rth Group | e | | |
| Gross Receipts Third | э:oup | \$ | 0.00 | Gross Receipts Fou | iui Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| CABLE ONE, INC. | | E SYSTEM: ARKLIGHT | | | | • | 10312 | Name |
|-----------------------------------|-----------|-----------------------|---------|---------------------|-----------|-----------------|----------------------|---------------------|
| | | COMPUTATION C | | ATE FEES FOR EAC | | IBER GROUP | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ١ | | 0.00 0.00 0.00 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | 0.00 | of |
| | | | | | | | | Base Rate F and |
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| Γotal DSEs | | | 0.00 | Total DSEs | | П | 0.00 | |
| Gross Receipts First G | roup | <u> </u> | 0.00 | Gross Receipts Seco | ond Group | \$ | | |
| , | ' | | | | • | · | | |
| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Seco | | \$ | | |
| THII COMMUNITY/ AREA | RTY-FIFTH | SUBSCRIBER GRO | 0 0 | COMMUNITY/ AREA | | SUBSCRIBER GROU | _ | |
| | | | | OOMMONT 17 YULE | | | | |
| | | | | | | | 0.00 0.00 ROUP | |
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| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | DSE | CALL SIGN | DSE | Total DSEs | DSE | CALL SIGN | DSE | |
| Total DSEs | | CALL SIGN | | | | CALL SIGN | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Total DSEs Gross Receipts Third (| Group | | 0.00 | Total DSEs | th Group | | 0.00 | |

| LEGAL NAME OF OWNE | | | | | | \$ | SYSTEM ID# | Name |
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| CABLE ONE, INC. | | | | | | | 10312 | |
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| | SEVENTH | SUBSCRIBER GRO | | 11 | | 1 SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
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| O/ ILL GIGIT | DOL | 07122 01014 | 502 | OTTEL STOTE | 562 | STILL STOTA | 502 | Base Rate Fee |
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| | | | | | 1 0 | _ | | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| THIF | RTY-NINTH | SUBSCRIBER GRO | UP | | FORTIETH | H SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | |
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| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | r | · | | | P | · | | |
| Base Rate Fee Third C | Group | \$ | 0.00 | Base Rate Fee Foun | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group a | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC | | E SYSTEM: ARKLIGHT | | | | | 10312 | Name |
|---|-----------|-----------------------|------------|--------------------|------------|----------------|-------|----------------------|
| | BLOCK A: | COMPUTATION C | OF BASE RA | ATE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| FC | RTY-FIRST | SUBSCRIBER GRO | DUP | FOF | RTY-SECOND | SUBSCRIBER GRO | UP | ^ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Γotal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FO | RTY-THIRD | SUBSCRIBER GRO | DUP | FOF | RTY-FOURTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE. | ٩ | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Gross Receipts Third | | | | | | | | |
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| Gross Receipts Third Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |

| - | 10312 | | | | | | | |
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| _ | ID | IBER GROUP I SUBSCRIBER GROL | | TE FEES FOR EAC | | COMPUTATION OF SUBSCRIBER GROUND | | |
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| and | | | | | <u>.</u> | | | |
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| | DSE | I SUBSCRIBER GROU | TY-EIGHTH | CALL SIGN | DSE | | SEVENTH | FORTY-SCOMMUNITY/ AREA |
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| Name | 10312 | | | | | | d/b/a SP | |
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| | 0.00 | \$ | | Base Rate Fee Seco | 0.00 | \$ | | |
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| | | | | | | \$ SUBSCRIBER GRO | | FIF |
| | IP | | | FIF | UP | SUBSCRIBER GRO | | FIF |
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| | b/a 5P/ | ARKLIGHT | | | | | 10312 | Name |
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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Grou | ıp | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
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| Base Rate Fee First Grou | ıp | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | Y-FIFTH | SUBSCRIBER GRO | | Ti . | | SUBSCRIBER GROU | _ | |
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| Γotal DSEs | • | | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts Third Gro | up | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| , | SPARKLIGHT | | | | ` | 10312 | Name |
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| | K A: COMPUTATION | | п | | IBER GROUP | LID | |
| COMMUNITY/ AREA | WITT SOBSCRIBER G | 0 | COMMUNITY/ ARE | | | 0 | 9 |
| CALL SIGN DS | E CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| | | | | | | | Base Rate F |
| | | | | | | | and Syndicated |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FIFTY-N | NTH SUBSCRIBER G | ROUP | | SIXTIETH | I SUBSCRIBER GRO | JP | |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | A | | 0 | |
| CALL SIGN DS | E CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Total DSEs Gross Receipts Third Group | \$ | 0.00 | Total DSEs Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | \$ | | | rth Group | \$ | | |

| CABLE ONE, INC. d/l | | SYSTEM: ARKLIGHT | | | | • | 10312 | Name |
|---|----------|---------------------|-------------|---------------------|-----------|-----------------|----------------|---------------------|
| | | | | ATE FEES FOR EAC | | | | |
| SIXTY COMMUNITY/ AREA | -FIRST S | SUBSCRIBER GRO | UP 0 | COMMUNITY/ AREA | | SUBSCRIBER GROU | JP 0 | 9 |
| COMMUNITY AREA | | | U | COMMUNITY AREA | | | | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group | | e | 0.00 | Gross Receipts Seco | and Croup | • | 0.00 | |
| 31088 Receipts First Group | | \$ | 0.00 | Gross Receipts Seco | ina Group | \$ | 0.00 | |
| Base Rate Fee First Group | 0 | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| SIXTY | -THIRD S | SUBSCRIBER GRO | JP | SIX | TY-FOURTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| | | | 0.00 | Total DSEs | | | 0.00 | |
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| | ір | \$ | 0.00 | | | | | |

| LEGAL NAME OF OWNE | | | | | | • | SYSTEM ID# | Name |
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| CABLE ONE, INC. | | | | | | | 10312 | |
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| | KTY-FIFTH | SUBSCRIBER GRO | | ii – | | 1 SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | <i>\</i> | | | Computation |
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| 07.122 0.0.1 | 202 | 07.22 0.0.1 | 202 | 07.22 0.0.1 | 202 | 07.122.07.07.1 | 302 | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
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| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| SIXTY- | SEVENTH | SUBSCRIBER GRO |)UP | SI | XTY-EIGHTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | A | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add th Enter here and in block | | | criber group a | as shown in the boxes | above. | \$ | | |

| CABLE ONE, INC. | . u/b/a 5P | ARKLIGHT | | | | | 10312 | Name |
|------------------------|------------|----------------|------------|--------------------|------------|----------------|---------|----------------------|
| | BLOCK A: | COMPUTATION C | OF BASE RA | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| SIX | XTY-NINTH | SUBSCRIBER GRO | OUP | | SEVENTIETH | SUBSCRIBER GRO | UP | _ |
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| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | and Group | \$ | 0.00 | |
| Sroso recorpts i not e | лоар | | 0.00 | Cross rescipts eee | ona Group | | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SEVE | NTY-FIRST | SUBSCRIBER GRO | DUP | SEVEN | ITY-SECOND | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| Name | 1031 | | | | | ARKLIGHT | d/b/a SP | CABLE ONE, INC. |
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| <u>0</u> 9 | | SUBSCRIBER GROU | Y-FOURTE | COMMUNITY/ ARE | <u>UP</u> 0 | SUBSCRIBER GRO | NTY-THIRD | SEVEN COMMUNITY/ AREA |
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| | JP | SUBSCRIBER GROU | NTV CIVTL | 1 | UP | SUBSCRIBER GRO | NTV_FIETH | SEVEN |
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| | SPARKLIGHT | - | | | • | 10312 | Name |
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| Total DSEs | | | | | | | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| 3ase Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SEVENTY-N | NTH SUBSCRIBE | R GROUP | | EIGHTIETH | I SUBSCRIBER GROU | JP | |
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| roco recorpto i not of | СССР | | | Cross resorpts essent | іч Огочр | | | |
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| NINE | ETY-FIRST | SUBSCRIBER GRO | UP | NINE | TY-SECONE | SUBSCRIBER GRO | UP | |
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| Gross Receipts Third C | 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 the Enter here and in block | | | criber group a | as shown in the boxes | above. | \$ | | |

| RIBER GROUP 0 Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 RIBER GROUP 0 | BER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | F BASE RA | | | |
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| Base Rate Fee First Gro | up | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| NINET | Y-NINTH | SUBSCRIBER GRO | JP | ONE H | UNDREDTH | SUBSCRIBER GROU | JP | |
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| CABLE ONE, INC | :. d/b/a SP | PARKLIGHT | | | | | 10312 | Name |
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| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
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| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| ONE HUND | RED THIRD | SUBSCRIBER GRO |)UP | ONE HUNDR | ED FOURTH | SUBSCRIBER GROU | JP | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add | the base rat | e fees for each subs | criber group | as shown in the boxes | above. | | | |
| Enter here and in bloc | | | <u> </u> | | | \$ | | |

| CABLE ONE, INC. G/b/a | ABLE SYSTEM: SPARKLIGHT | | | | | 10312 | Name |
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| BLOCK | A: COMPUTATION | OF BASE RA | ATE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| ONE HUNDRED FIF | TH SUBSCRIBER GR | ROUP | ONE HUN | DRED SIXTH | SUBSCRIBER GRO | JP | 0 |
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| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED SEVEN | ITH SUBSCRIBER GR | | | | | 0.00 GROUP | |
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| LEGAL NAME OF OWNE CABLE ONE, INC. | | | | | | • | SYSTEM ID# | Name |
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| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED E | LEVENTH | SUBSCRIBER GRO | UP | ONE HUNDRE | D TWELVTH | SUBSCRIBER GRO | UP | |
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| ss Receipts Third G | roup e base rate | \$ e fees for each subsc | 0.00 | Gross Receipts Four | th Group | | 0.00 | |

| LEGAL NAME OF OWNE | | | | | | ; | SYSTEM ID# | Name |
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| CABLE ONE, INC. | u/b/a 5P | ARKLIGHT | | | | | 10312 | |
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| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
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| GAL NAME OF OWNER OF CABLE SYST ABLE ONE, INC. d/b/a SPARKI | | | | | • | 10312 | Name |
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| BLOCK A: COM | PUTATION OF BASE | RATE FE | ES FOR EACH | SUBSCRI | BER GROUP | | 10312 Name |
| ONE HUNDRED TWENTY-FIRST SUBS | | - 11 | | | SUBSCRIBER GROUP | 0 9 | |
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| LEGAL NAME OF OWNER CABLE ONE, INC. | | | | | | • | 10312 | Name |
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| LEGAL NAME OF OWNER CABLE ONE, INC. (| | | | | | S | 3YSTEM ID# 10312 | Name |
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| Stations | | | | | | |
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| 0.00 | | Total DSEs | 0.00 | | | Total DSEs |
| up <u>\$</u> 0.00 | econd Group | Gross Receipts Se | 0.00 | \$ | oup | Gross Receipts First Gr |
| up \$ 0.00 | econd Group | Base Rate Fee Se | 0.00 | \$ | oup | Base Rate Fee First Gr |
| SIXTH SUBSCRIBER GROUP | | ii e | | SUBSCRIBER GRO | TY-FIFTH | |
| 0 | ₹EA | COMMUNITY/ AR | 0 | | | COMMUNITY/ AREA |
| SE CALL SIGN DSE | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| p \$ 0.00 | ourth Group | Base Rate Fee Fo | 0.00 | \$ | roup | Base Rate Fee Third G |

| NER OF CABLE SYSTEM: SYST C. d/b/a SPARKLIGHT | TEM ID# Name |
|---|------------------------|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP TY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP | |
| TY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA | 0 9 |
| DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN | DSE Computati |
| | Base Rate |
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| | |
| 0.00 Total DSEs | 0.00 |
| Group \$ 0.00 Gross Receipts Second Group \$ | 0.00 |
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| Group \$ 0.00 Base Rate Fee Second Group \$ | 0.00 |
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| Group \$ 0.00 Base Rate Fee Second Group \$ | 0.00 |
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| Group \$ 0.00 Base Rate Fee Second Group \$ IFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA | 0 |
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

SIXTH SUBSCRIBER GROUP

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

10312

CABLE ONE, INC. d/b/a SPARKLIGHT

9

Name

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

| BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROL |
|---|
|---|

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 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:

☐ First 50 major television market ☐ Second 50 major television market

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 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 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.

FIFTH SUBSCRIBER GROUP

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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

| 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
| SYNDICATED EXCLUSIVITY | SYNDICATED EXCLUSIVITY |
| SURCHARGE | SURCHARGE |
| First Group | Second Group |
| SEVENTH SUBSCRIBER GROUP | 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
| SYNDICATED EXCLUSIVITY | SYNDICATED EXCLUSIVITY |
| SURCHARGE | SURCHARGE |
| Third Group | Fourth Group |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earling the boxes above. Enter here and in block 4, line 2 of space L (page 1) | |

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE **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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH 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 FIFTEENTH SUBSCRIBER GROUP SIXTEENTH 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 SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH 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 NINEENTH SUBSCRIBER GROUP TWENTYTH 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 SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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. TWENTY-FIRST SUBSCRIBER GROUP TWENTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE TWENTY-THIRD SUBSCRIBER GROUP TWENTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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. TWENTY-NINTH SUBSCRIBER GROUP THIRTIETH 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRTY-FIRST SUBSCRIBER GROUP THIRTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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. THIRTY-THIRD SUBSCRIBER GROUP THIRTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRTY-FIFTH SUBSCRIBER GROUP THIRTY-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 SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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. THIRTY-SEVENTH SUBSCRIBER GROUP THIRTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRTY-NINTH SUBSCRIBER GROUP FORTIETH 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 Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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. FORTY-FIRST SUBSCRIBER GROUP FORTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE FORTY-THIRD SUBSCRIBER GROUP FORTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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. FORTY-FIFTH SUBSCRIBER GROUP 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE FORTY-SEVENTH SUBSCRIBER GROUP 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FIFTIETH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs

ILEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

10312

CABLE ONE, INC. d/b/a SPARKLIGHT

FORTY-NINTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

Line 2: Enter the Exempt DSEs

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Name

Computation of Base Rate Fee and Syndicated Exclusivity

> Surcharge for Partially Distant Stations

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| BLOCK B | ·COMPUTATION | OF SYNDICATED | EXCLUSIVITY | / SURCHARGE FOI | R FACH SUBSCRIBER | くはおいい |

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 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:

☐ First 50 major television market ☐ Second 50 major television market

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 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 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.
- **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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

| Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Second Group |
|--|--|
| FIFTY-FIRST SUBSCRIBER GROUP | FIFTY-SECOND SUBSCRIBER GROUP |
| Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |

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 ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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. FIFTY-THIRD SUBSCRIBER GROUP FIFTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE FIFTY-FIFTH SUBSCRIBER GROUP FIFTY-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 Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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. FIFTY-SEVENTH SUBSCRIBER GROUP FIFTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH 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 Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

SIXTY-SECOND SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

Line 3: Subtract line 2 from line 1

Line 2: Enter the Exempt DSEs

and enter here. This is the

ILEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

10312

CABLE ONE, INC. d/b/a SPARKLIGHT

SIXTY-FIRST SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

Line 2: Enter the Exempt DSEs

and enter here. This is the

Line 3: Subtract line 2 from line 1

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Name

Computation of Base Rate Fee and Syndicated Exclusivity

> Surcharge for Partially Distant Stations

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| BLOCK B | ·COMPUTATION | OF SYNDICATED | EXCLUSIVITY | / SURCHARGE FOI | R FACH SUBSCRIBER | くはおいい |

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 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:

☐ First 50 major television market ☐ Second 50 major television market

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 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 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.
- 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

| total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group | total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Second Group |
|---|---|
| SIXTY-THIRD SUBSCRIBER GROUP | SIXTY-FOURTH SUBSCRIBER GROUP |
| Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs |
| Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
| SYNDICATED EXCLUSIVITY SURCHARGE Third Group | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group |

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 ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 INSTRUCTIONS: **Base Rate Fee** 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. SIXTY-FIFTH SUBSCRIBER GROUP SIXTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

Line 2: Enter the Exempt DSEs

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

Line 1: Enter the VHF DSEs

Line 2: Enter the Exempt DSEs _

10312

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Name

Computation
of
Base Rate Fee
and
Syndicated
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Stations

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If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 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:

☐ First 50 major television market ☐ Second 50 major television market

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 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 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.

ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP

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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

| Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ 1 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Second Group | | |
|---|--|--|--|
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 ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 of INSTRUCTIONS: **Base Rate Fee** 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 THIRTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH 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 SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 of INSTRUCTIONS: **Base Rate Fee** 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 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** SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ONE HUNDRED FIFTIETH SUBSCRIBER GROUP

Line 2: Enter the Exempt DSEs

Line 1: Enter the VHF DSEs

ILEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

10312

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

9

Name

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

Stations

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 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:

☐ First 50 major television market ☐ Second 50 major television market

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 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 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.

ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP

Line 2: Enter the Exempt DSEs

Line 1: Enter the VHF DSEs

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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

| and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Second Group |
|---|--|
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP |
| Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs |
| Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge |
| computation | computation |

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 ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also 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 of INSTRUCTIONS: **Base Rate Fee** 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 FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

10312

CABLE ONE. INC. d/b/a SPARKLIGHT

Line 1: Enter the VHF DSEs

9

Name

Computation **Base Rate Fee** and Syndicated

> Surcharge for Partially Distant **Stations**

Exclusivity

| DI 0014 D | 00145117471011 | 05 0) (NIDIO ATED | E)/01.1100.0T | | | |
|-----------|----------------|-------------------|---------------|-----------------|-------------------|------|
| BLOCK B | ·COMPUTATION | OF SYNDICATED | EXCLUSIVITY | ' SURCHARGE FOI | R FACH SUBSCRIBER | GROU |

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 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: ☐ First 50 major television market ☐ Second 50 major television market 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

- 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 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.

ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP

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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

| Line 2: Enter the Exempt DSEs | Line 2: Enter the Exempt DSEs |
|--|--|
| Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP |
| Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
| SYNDICATED EXCLUSIVITY SURCHARGE Third Group | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group |

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SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown