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 Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting Check here if this is the system's first filling. If not, enter the system's ID ILEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC. d/b/a SPARKLIGHT	es of the cable system on the last day of the cunting period.	m. e accounting period should su	bmit	61739
				6173920	0202
				61739 20	020/2
	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	,			e
System	1 IDENTIFICATION OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT			<u> </u>	
	MAILING ADDRESS OF CABLE SYSTEM: 3000 N WESTWOOD BLVD. (Number, street, rural route, apartment, or suite number) POPLAR BLUFF, MO 63901 (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 Served	with all communities.	STATE			
First	POPLAR BLUFF/BUTLER CO.	MO			
Community	Below is a sample for reporting communities if you report multiple cha		nace G		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRF	P#
Sample	Alda	MD	Α	1	
Janipie	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 sufficiency of the fling, a determination that would be made by a court of law.

ORM SA3E. PAGE 1B.								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
CABLE ONE, INC. d/b/a SPARKLIGHT			61739					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile 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-commun channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
POPLAR BLUFF/BUTLER CO.	MO			First				
				Community				
				See instructions for				
				additional information				
				on alphabetization.				
				Add rows as necessary.				
				I .				

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	1	i '	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61739 CABLE ONE, INC. d/b/a SPARKLIGHT

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOCK 2			
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:							
 Service to first set 	2,212	\$	40.00				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	163	\$	40.00				
Converter		Ī					
 Residential 		Ī					
Non-residential		1					
		· · · · · · · · · · · · · · · · · · ·					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not

listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		RATE	CATEGORY OF SERVICE	<u>:</u>	RATE
Continuing Services:		Installation: Non-residential					
Pay cable	9-18.00	Motel, hotel			EXPANDED BASIC	\$	48.00
Pay cable—add'l channel		Commercial			FAMILY PACK	\$	16.00
Fire protection		• Pay cable			STARZ SUPER	\$	19.00
•Burglar protection		Pay cable-add'l channel			SHOWTIME/TMC	\$	10.99
Installation: Residential		Fire protection			НВО	\$	19.00
First set	\$ 30.00	Burglar protection			CINEMAX	\$	19.00
Additional set(s)		Other services:					
• FM radio (if separate rate)		Reconnect	\$	90.00			
Converter		Disconnect					
		Outlet relocation	\$	45.00			
		Move to new address	\$	30.00			

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#

Name

1739

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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 UD AA

		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
КРОВ	15.1	N-M	No		POPLAR BLUFF, MO
WPSD	19.1	N-M	No		PADUCAH, KY
KSDK	35	N	Yes	0	ST. LOUIS, MO
KBSI	36.1	I	No		CAPE GIRARDEAU, MO
KTEJ	20.1	E	Yes	0	JONESBORO, AR
WDKA	25.1	I	Yes	0	PADUCAH, KY
KFVS	11.1	N	No		CAPE GIRARDEAU, MO
KFVS-2	11.2	I-M	No		CAPE GIRARDEAU, MO
KFVS-3	11.3	I-M	No		CAPE GIRARDEAU, MO
WPSD-3	19.3	I-M	No		PADUCAH, KY
KBSI-3	36.3	I-M	No		CAPE GIRARDEAU, MO
WDKA-4	25.4	I-M	No		PADUCAH, KY
KFVS-4	11.4	I-M			CAPE GIRARDEAU, MO
KFVS-5	11.5	I-M			CAPE GIRARDEAU, MO
KPOB-3	15.3	I-M			POPLAR BLUFF, MO
KPOB-4	15.4	I-M			POPLAR BLUFF, MO
WDKA-2	25.2	I-M			PADUCAH, KY
WDKA-3	25.3	I-M			PADUCAH, KY

G

Primary Transmitters: Television

See instructions for additional information on alphabetization.

FORM SA3E, PAGE 3.	ACCOUNTIN	NG PERIOD: 2020/
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	61739	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 basis FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sec	s 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 car 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: 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 special Statement and Program Log Statement and Pro	. •	
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 som basis. For further information concerning substitute basis stations, see page (v) of the general instructions I in the paper SA3 form. 		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.	c 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 AB								
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)					

FORM SA3E. PAGE 3.	ACCOUNTI	NG PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
CABLE ONE, INC. d/b/a SPARKLIGHT	61739	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 under the properties of certain network programs [section section s	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.	ed 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 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 in the paper SA3 form.		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. I	,	
each multicast stream associated with a station according to its over-the-air designation. For example, report mu cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example, reported in column 1 (list each stream separately).		

WETA-simulcast).

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 AC									
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)						

	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	61739	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 under				
FCC rules 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.

CHANNEL LINE-UP				AD	
1. CALL SIGN	CHANNEL		(Yes or No)	CARRIAGE	6. LOCATION OF STATION
	NUMBER	STATION		(If Distant)	
		<u> </u>			

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	61739	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 [se	is 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 calculate the program basis, as explained in the next paragraph.	rried on a	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute basis stations carried by your cable system on a substitute basis surface and the stations carried by your cable system on a substitute basis stations.	ute 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 station was carried only on a substitute basis. 	the	
List the station here, and also in space I, if the station was carried both on a substitute basis and also on sol 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	•	
each multicast stream associated with a station according to its over-the-air designation. For example, report cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for each stream separately sepa		

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 station of the latter "N" (for extract) "N N" (for extract) "N N" (for extract) "N N".

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in

WETA-simulcast).

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)	

Television

	ACCOUNTI	NG PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	.,
CABLE ONE, INC. d/b/a SPARKLIGHT	61739	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 upper television of the carriage of certain network programs [section of the carriage of the ca	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.		Primary Transmitters:

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				AF	
1. CALL					6. LOCATION OF STATION
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	

	ACCOUNT	ING PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	61739	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station 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 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

- 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". 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
	NUMBER	STATION		(II DISTAIL)	

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	61739	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 basis FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sec	s 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 call 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.	rried on a	Primary Transmitters: Television
basis under specific FCC rules, regulations, or authorizations:	to program	10.0013.011
• 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.	the	
 List the station here, and also in space I, if the station was carried both on a substitute basis and also on son 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. et	c. 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

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.

					6. LOCATION OF STATION
SIGN	CHANNEL		(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
		•••••			

	ACCOUNTII	NG PERIOD: 2020/2
FORM SA3E. PAGE 3.	0)/07514 ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC. d/b/a SPARKLIGHT	61739	
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 basis. FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [see	s 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 call substitute program basis, as explained in the next paragraph.	rried 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:	te 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 station was carried only on a substitute basis. 	the	
 List the station here, and also in space I, if the station was carried both on a substitute basis and also on sor 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, et	c. 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

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 AI						
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)		

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	61739	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television s 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 or content or content or content or carriage of certain network programs [section or content or content or content or carriage of certain network programs [section or content or content or content or carriage of certain network programs [section or content or content or carriage or carriage of certain network programs [section or carriage or ca	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 carrisubstitute 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:
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.	ie	
• 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

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)	

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	61739	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 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 p basis under specife FCc rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some o basis. For further information concerning substitute basis stations, see page (v) of the general instructions loca in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Ideach 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 exam WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air scommunity of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the chaon 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 noncome 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 educatio	der s on a rogram ther ted entify - ple air in nnel mercial " st). x- r em bject enting na- ther	G Primary Transmitters: Television

		CHANN	EL LINE-UP	AK	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
	······				
				•	
	······································				

	ACCOUNTI	NG PERIOD: 2020/
FORM SA3E. PAGE 3.		
	TEM ID#	Name
CABLE ONE, INC. d/b/a SPARKLIGHT	61739	
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), 76.61(e	al	Primary Transmitters: Television

CHANNEL LINE-UP AL						
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
				,		
	<mark></mark>					
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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	61739	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 basi FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [see	s 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 call substitute program basis, as explained in the next paragraph.	rried on a	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitu	te 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 station was carried only on a substitute basis.	the	
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on sor	ne other	
basis. For further information concerning substitute basis stations, see page (v) of the general instructions in the paper SA3 form.	located	

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

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)	
		•			

Name
G
Primary Insmitters:
elevision
F

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.

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)	
		•••••			

	ACCOUNT	ING PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	61739	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station 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]	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.		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					6. LOCATION OF STATION
SIGN	CHANNEL		(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	

FORM SA3E. PAGE 3.	ACCOUNTI	NG PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	M
CABLE ONE, INC. d/b/a SPARKLIGHT	61739	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television s 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 [sect 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	under [´] ions ied 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 in the paper SA3 form. 	e other	

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

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)	

FORM SA3E. PAGE 3.	ACCOUNT	ING PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
CABLE ONE, INC. d/b/a SPARKLIGHT	61739	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television state carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis unled 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 program basis.	nder [^] ns d 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 location. 	other	.5.5.10.01

WETA-simulcast).

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

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	AQ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
	-	-		,	

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	61739	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 basis FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sec	under tions	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 can substitute program basis, as explained in the next paragraph.	led on a	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute	e 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 t 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 in the page \$4.2 form		

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 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify

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)	

FORM SA3E. PAGE 3.	ACCOUNTII	NG PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
CABLE ONE, INC. d/b/a SPARKLIGHT	61739	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 up FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section section sect	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		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 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 basis. For further information concerning substitute basis stations, see page (v) of the general instructions loc in the paper SA3 form. 	cated	
Column 1: List each station's call sign. Do not report origination program services such as HRO ESPN etc.	Idontify.	

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 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)	

	ACCOUNTIN	IG PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST	EM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	61739	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 under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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		G Primary Transmitters: Television
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)	

FORM SA3E. PAGE 3.	ACCOUNTI	ING PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
CABLE ONE, INC. d/b/a SPARKLIGHT	61739	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 up 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 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	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		

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).

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 AU					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	NOWBER	OTATION		(II Diotaint)		

	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	61739	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 [se	is 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 calculate the program basis, as explained in the next paragraph.	rried on a	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute basis stations carried by your cable system on a substitute basis surface and the stations carried by your cable system on a substitute basis stations.	ute 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 station was carried only on a substitute basis. 	the	
List the station here, and also in space I, if the station was carried both on a substitute basis and also on sol 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	•	
each multicast stream associated with a station according to its over-the-air designation. For example, report cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for each stream separately sepa		

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.

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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 SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
				,	

	ACCOUNTII	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	61739	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 [se	is 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 program basis, as explained in the next paragraph.		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:	ute program	Television
Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—it station was carried only on a substitute basis.	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	tc. 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

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)	

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#
61739

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. 122 51514	51 1 111	5,5		5. 122 51514	, 51 1 141	5,5	

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2020/2									
LEGAL NAME OF OWNER OF C						SYSTEM ID#	Name		
CABLE ONE, INC. d/b/a	SPARKL	.IGHT				61739	Name		
SUBSTITUTE CARRIAGE							I		
In General: In space I, identif substitute basis during the ac explanation of the programmi	counting per	riod, under spec	cific present and former FC0	rules, regula	itions, or authorizations.	For a further	Substitute Carriage:		
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? State Property of 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 r	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the progra	m			
log in block 2.	DDOODA	МО							
2. LOG OF SUBSTITUTE In General: List each substi			e line. Use abbreviations v	vherever pos	sible if their meaning i	3			
clear. If you need more space	ce, please a	ittach additiona	l pages.		_	•			
			sion program (substitute p			tion			
period, was broadcast by a cunder certain FCC rules, reg									
SA3 form for futher informat	ion. Do not	use general ca	ategories like "movies", or						
titles, for example, "I Love L			76ers vs. Bulls." "Yes." Otherwise enter "N	o."					
			sting the substitute prograi						
			e community to which the						
the case of Mexican or Cana Column 5: Give the mon			community with which the s em carried the substitute p			nth			
first. Example: for May 7 giv			o oaoa ao oa.oaa.o p	9					
Column 6: State the time	s when the	substitute prog	gram was carried by your o	able system.	List the times accurate	ly			
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. snould be				
Column 7: Enter the lette			was substituted for progra			d			
to delete under FCC rules a									
gram was substituted for proeffect on October 19, 1976.	ogramming	ınaı your syste	m was permilled to delete	under FCC r	uies and regulations in				
						Г			
	LIDOTITLIT				EN SUBSTITUTE	7. REASON			
	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	1AGE OCCURRED 6. TIMES	FOR DELETION			
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	DELETION			
					_				
					_				
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					_				
					<u> </u>				
					_				
							1		

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 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.— 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
HOURS H	
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U.S. Copyright Office

LEGA	L NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC. d/b/a SPARKLIGHT	5	61739	Name
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount younts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to cole (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. DRTANT: You must complete a statement in space P concerning gross receipts.	dary transmission servion	64,098.22	K Gross Receipts
Instru Com Com If you fee t If you accor If pa bloce	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amount block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable par impanying this form and attach the schedule to your statement of account. It 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be c 3 below. It 6 of the DSE schedule was completed, the amount from line 7 of block C should be erlow.	ts of the DSE Schedule		L Copyright Royalty Fee
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d 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	is 1.064 percent of the	4,098.22	
	Enter the result here. This is your minimum fee.	\$	8,130.01	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in 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 part 8, section 3 or	n 4, you must check		
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	\$	2,032.50	
	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	\$	2,032.50	
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.	\$	0.00	Cable systems submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	8,855.01	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	ee page (i) of the		auditional 1865.

ACCOUNTING PERIOD: 2020/2
FORM SA3E_PAGE 8

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 61739						
	CABLE ONE, INC. d/b/a SPARKLIGHT	01739						
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	ations						
Champala	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	18						
	system carried television broadcast stations							
	2. Enter the total number of activated channels							
	on which the cable system carried television broadcast stations	288						
	and nonbroadcast services							
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual							
Individual to	we can contact about this statement of account.)							
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone (602-364-6195						
	Address 210 E. EARLL DRIVE							
	(Number, street, rural route, apartment, or suite number)							
	PHOENIX, AZ 85012 (City, town, state, zip)							
	Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6	013						
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulat	ions)						
0	CENTIFICATION (This statement of account must be serviced and signed in accordance with copyright office regular	10110.						
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]							
	/s/RAYMOND STORCK							
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in t button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compati							
	Typed or printed name: RAYMOND STORCK	, 						
	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	61739	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 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 seribers and amounts collected from subscribers receiving secondary transmissions putous providing secondary transmissions putous providing secondary transmissions putous provided these amounts, see the note on page (vii) of the gen paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for smade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	e system for the basic stem shall not include sub- irsuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late particle for an explanation of interest assessment, see page (viii) of the general instructions in the page		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
	x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
<u>-</u>	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late	e.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the please list below the owner, address, first community served, accounting period, and ID number 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

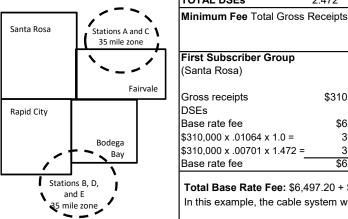
Base rate fee

\$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 of	of Subscriber Groups	
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 B (independent) 1.0 C (part-time) 0.083 D (part-time) 0.139 E (network) 0.25	STATION DSE CITY A (independent) 1.0 Santa Rosa 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

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
1	CABLE ONE, INC. d/b/a SPARKLIGHT								
	SUM OF DSEs OF CATEGOR		61739						
	• Add the DSEs of each station		3 :						
	Enter the sum here and in line		schedule		1.50				
	Lines the sum here and in line	1 of part o of this	sorioddic.		1.00				
	Instructions:								
2	In the column headed "Call S	Sign": list the call	signs of all distant stations i	dentified by the	e letter "O" in column 5				
	of space G (page 3).		and and atalian arises the DOE	#4 O". F					
Computation of DSEs for	In the column headed "DSE" mercial educational station, giv	: for each indepe	ndent station, give the DSE :	as "1.0"; for ea	ach network or noncom-				
	mercial educational station, giv	re the DSE as .23		10. DOE					
Category "O"	2	T T	CATEGORY "O" STATION		II				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	KSDK	0.250							
	KTEJ	0.250							
	WDKA	1.000							
		·····							
Add rows as		<u></u>							
necessary.									
Remember to copy all									
formula into new									
rows.									
		····							
		·····							
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		······							
		<u>-</u>							
		····							
		<u> </u>							
						<u> </u>			
						ļ			
1									

Name		OWNER OF CABLE SYSTEM: E, INC. d/b/a SPARKLI	GHT					61739
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- Column 6	CAPACITY st the call sign of all distar 2: For each station, give the correspond with the inform 3: For each station, give the properties of the station of	ne number of he nation given in the total number mn 2 by the figural point. This intation, give the furn 4 by the figuran 4 by the figuran 4 by the figuran 5 figuran 5 figuran 6 figuran 6 figuran 6 figuran 6 figuran 7 figuran 7 figuran 6 figuran 7 figuran 6 figuran 6 figuran 6 figuran 6 figuran 6 figuran 7 figuran 6 figuran	ours your cable system space J. Calculate only r of hours that the static pure in column 3, and gives the "basis of carriage e "type-value" as "1.0." F	carried the station one DSE for each proadcast over the result in devalue" for the state or each network the result in control or the result in control or the result in control or the state or each network the result in control or the result in c	n during the accounting point in the air during the account the air during the account cimals in column 4. This fition. or noncommercial education of the column 6. Round to no less	ring period. igure must onal station,	
Capacity		(CATEGORY	Y LAC STATIONS:	COMPLITATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	BE
			÷		=	x	=	
					=	<u>x</u>	<u> </u>	
			÷ -			x	=	
			÷		=	x x		
					=		=	
			÷		=	x	=	
			÷		=	X	=	
	Add the DSEs	s OF CATEGORY LAC ST of each station. um here and in line 2 of pa		edule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations and the space I). Column 2: at your option. Column 3: Column 4:	re the call sign of each start by your system in substited on October 19, 1976 (above or more live, nonnetwoest for each station give the This figure should corresponded to the figure in column This is the station's DSE (aution for a pro- as shown by the rk programs du number of live, pond with the i in the calenda n 2 by the figur	gram that your system we letter "P" in column 7 uring that optional carriage, nonnetwork programs information in space I. If year: 365, except in a re in column 3, and give	vas permitted to of space I); and ge (as shown by the carried in substituted peap year. the result in colu	lelete under FCC rules an e word "Yes" in column 2 of tion for programs that we mn 4. Round to no less th	re deleted an the third	
		Sl	JBSTITUTE	-BASIS STATION	S: COMPUTA	TION OF DSEs		
	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
		-	-	=		÷		=
						÷		
		-	·	=		÷		=
		-	-	=		÷		=
		+	+	=		÷		=
	Add the DSEs	s OF SUBSTITUTE-BASIS of each station. um here and in line 3 of pa		edule,	▶	0.00		
5		ER OF DSEs: Give the am s applicable to your system		boxes in parts 2, 3, and	4 of this schedule	and add them to provide the	ne total	
Total Number	1. Number	of DSEs from part 2 ●	<u></u> _			•	1.50	
of DSEs	2. Number	of DSEs from part 3 ●				-	0.00	
	3. Number	of DSEs from part 4 ●			I)	0.00	
	TOTAL NUMBE	ER OF DSEs						1.50

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

	WNER OF CABLE S						S	YSTEM ID# 61739	Name
In block A:	ck A must be comp		art 6 and part 7	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
 If your answer if ' 	"No," complete blo	cks B and C I		TELEVISION MA	ADVETS				Computation o
Is the cable system	n located wholly or	itside of all m		er markets as defin		ion 76.5 of EC	C rules and regula	tions in	3.75 Fee
effect on June 24, Yes—Com	1981?	schedule—D	•	LETE THE REMAIN			o raioo ana rogala	uono iii	
<u> </u>			CK B· CARR	IAGE OF PERM	MITTED DS	Fs			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations pric e DSE Scheo	ations listed in porto 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 ermitted station	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 educationa I station (76.6 r DSE schedunt to individuatiously carried the station will be station	ations cited belothe FCC marking 76.5(kk) (76.5) Is station [76.59.55) (see paragrule). It was a waiver of 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) is 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) tions in the		
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	l 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	
KTEJ	С	0.25							
								0.25	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from լ	oart 5 of this s	schedule					
ine 2: Enter the	sum of permitted	d DSEs from	n block B abo	ve					
				of DSEs subject 7 of this schedule		ate.			
ine 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply li	ine 4 by 0.0375 a	ınd enter su	m here				x		permited/ partially nonpermitted
₋ine 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see par 9 instructions
_ine 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	

	OWNER OF CABLE S							4STEM ID# 61739	l Mama
		BLOCK	A: TELEVIS	ON MARKETS	(CONTINI	UED)			
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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 61739 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# 61739	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	764,098.22	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is 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.	≣	
	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		
	OF OTION AS OF OOND TO THE EVICION MARKET		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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)		
	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	61739
		COLL, INC. WAR OF PRINCIPLE	0.700
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u> .
8 Computation of Base Rate Fee	6 was c In blo If you If you blank What is	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	
	• Did yo	our 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 following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$	
	Section 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)	
		Base Rate Fee	0.00

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

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Namo
CABL	E ONE, INC. d/b/a SPARKLIGHT 61739	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	_
4	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1)	
	`	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) ▶ \$	of Base Rate Fee
	C. Multiply line B by 3.000 and enter here ▶\$	2000 Mato 100
	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	
	(9	
	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	
IMPOR	TANT: It is no longer person, to report tolevision simple on a system wide basic. Comings of tolevision broadcast simple about	
instead	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	9
Space		
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	Computation
	on, you must:	of Base Rate Fee
Eirot: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	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 part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
Step 1	b 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 station you	for Partially Permitted Stations
Step 2 outside	to that community. For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the	
	oken, 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. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber.	
•	section:	
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	bers in the group.	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and s schedule; or,	
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 block B, 6 of this schedule.	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	
	e paper SA3 form.	
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 preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 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.

	11 001/	00MDUTATION -	E D 4 O E D :	TE EEEA EAA E * * * * * * * * * * * * * *	10110000	חבם סבסייב			
				TE FEES FOR EACH	ID ID				
2014444		SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA	POPLA	R BLUFF/BUTLE	ER CO.	COMMUNITY/ AREA			0	Comput	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
KTEJ	0.25	07.122 0.0.1		07.122 07.01.1	772	07122 01011	302	Base Ra	
			····		····			and	
								Syndica	
			·····		····		······	Exclusi	
	-			-					
			·····		·····		······	Surcha	
					·····		······	for	
								Partia	
					<u>.</u>			Dista	
								Statio	
otal DSEs			0.25	Total DSEs			0.00		
Gross Receipts First G	oup	\$ 76	4,098.22	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First G	oun.	\$	2,032.50	Base Rate Fee Seco	nd Group	\$	0.00		
			_,002.00		O.Oup	<u> </u>			
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					••••				
							·····		
							······		
						-			
			<mark></mark>				·····		
					••••				
Total DSEs			0.00	Total DSEs			0.00		
			0.00	Total DSEs			0.00		
	iroup	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00		
	roup	\$			h Group	\$			
Gross Receipts Third G	·	\$	0.00	Gross Receipts Fourt	·		0.00		
Gross Receipts Third G	·	\$			·	\$			
Gross Receipts Third G	·	\$	0.00	Gross Receipts Fourt	·		0.00		
Fotal DSEs Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group		0.00		

	CK A· C						61739	
				ATE FEES FOR EAC				
COMMUNITY/ AREA	FIFTH S	SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		I SUBSCRIBER GROU	JP 0	
				COMMONT IT ARE	······································			
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First Group)	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	Г							
ase Rate Fee First Group) <u>[</u>	<u> </u>	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	/ENTH S	SUBSCRIBER GRO				SUBSCRIBER GROU		
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN I	DSE	CALL SIGN DSE		CALL SIGN	DSE	CALL SIGN	DSE	
			····					
			····					
otal DSEs			0.00	Total DSEs			0.00	
Succes Descripts Third Cons	- р :	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
ross Receipis Third Grou	-				1			
Gross Receipts Third Grou	I							

LEGAL NAME OF OW						S	SYSTEM ID#	Name
CABLE ONE, IN	C. d/b/a SP	AKKLIGHI					61739	
				TE FEES FOR EAC				
		SUBSCRIBER GRO				H SUBSCRIBER GROU		9
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OALL GIGIT	DOL	CALL GIGIT	DOL	CALL GIOIN	DOL	OALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
				-				Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·				·			
Base Rate Fee First	Croup		0.00	Base Rate Fee Seco	and Croup	.	0.00	
Dase Rate Fee Filst	. Споир	\$	0.00	Dase Rate Fee Sect	эна Өгөар	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Croup	•	0.00	Gross Receipts Four	th Croup	•	0.00	
Cross Receipts IIIII	α Θισαρ	\$	0.00	1033 Neceipis Foul	ш Огоир	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			criber group	as shown in the boxes	above.	•		
Enter here and in blo	JUN J, IIIIE I, S	phace r (hade /)				\$		

LEGAL NAME OF OW						S	SYSTEM ID#	Name
CABLE ONE, IN	C. d/b/a SP	ARKLIGHT					61739	
				TE FEES FOR EAC				
		SUBSCRIBER GRO	DUP	Ti .		SUBSCRIBER GROU	JP	٥
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL CICIT	562	O/ IEE O'O'T	502	OTTEL STOTE	502	CALL SIGIA	562	Base Rate Fe
			••••					and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
							-	
		SUBSCRIBER GRO				I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
				-				
			·····	-				
			••••					
Takal DOF			0.00	Takal DOF			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
			criber group	as shown in the boxes	above.	¢		
Enter here and in blo	JUN J, IIIIE I, S	pace L (page /)				\$		

LEGAL NAME OF OWNER						S	YSTEM ID#	Name
CABLE ONE, INC.	u/b/a SP	AKKLIGHÍ					61739	
				TE FEES FOR EAC			_	
	NTEENTH	SUBSCRIBER GRO		11		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
			·····					for Partially
								Distant
								Stations
				-				
				-				
Total DSEs	•	•	0.00	Total DSEs			0.00	
Gross Receipts First Gr	oun	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Cross receipts i list Civ	oup	4	0.00	Cross receipts occi	ли Огоир	Ψ	0.00	
Boss Bata For First Cr	0110		0.00	Book Bate Foe Soor	and Croup		0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ліа Стоир	\$	0.00	
NII	NTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
O/ LEE O/O/V	BUL	O/ILL GIGIT	562	O/ LEE GIGIT	552	ONEE STORY	562	
			••••					
			·····	-	·····		·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	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	
				Ш				
Base Rate Fee: Add the	hase rate	fees for each subs	criher aroun	as shown in the hoves	ahove			

LEGAL NAME OF OW						S	YSTEM ID#	Name
CABLE ONE, IN	C. d/b/a SP	ARKLIGHT					61739	Hailie
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
			····					and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
				-				Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
	•	-					•	
TW	ENTY-THIRD	SUBSCRIBER GRO	DUP	TWEN	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA				
CALL CICAL	DOE	I CALL SIGN	l DOE	CALL CICAL	l DOE	TI CALL SIGN	l DOE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····	-				
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	•	ŗ.			1-	<u> </u>		
Base Rate Fee: Add	the base rat	e fees for each subs	criber group	as shown in the boxes	above.			
Enter here and in blo						\$		

LEGAL NAME OF OW CABLE ONE, IN						S	61739	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		Ti .		I 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 Fo
		-						and
		-						Syndicated Exclusivity
								Surcharge
								for
		-						Partially
		-						Distant Stations
								Ottations
		-						
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		TI .		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
			criber group	as shown in the boxes	above.			
Enter here and in blo	ock 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739								
				TE FEES FOR EAC				
	NTY-NINTH	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
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	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	
THI	RTY-FIRST	SUBSCRIBER GRO	UP	THIF	RTY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·····				······	
			·····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	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	
		<u> </u>	0.00			[*	3.00	
Base Rate Fee: Add t Enter here and in bloc	he base rat k 3, line 1, s	e fees for each substrace L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OW CABLE ONE, IN							61739	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		П		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 Fe
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO	DUP	TI .		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	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	
				н				
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		
	, ,-	,						

	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. d/b/a SPARKLIGHT 61739									
		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
	·····							and Syndicated		
								Exclusivity		
								Surcharge		
								for Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs	•		0.00			
			0.00	Gross Receipts Second Group \$ 0.00						
Base Rate Fee First 0		\$	0.00	Base Rate Fee Sec		\$	0.00			
	RTY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU	_			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	·····									
	<u>.</u>									
	·····									
	<u>.</u>									
	·····		<u> </u>							
Total DSEs			0.00	Total DSEs	<u>'</u>		0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
,					1					
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 61739								
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	RTY-FIRST	SUBSCRIBER GRO		ii —		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
	•••••							Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (∃roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Sec		\$	0.00	
	RTY-THIRD	SUBSCRIBER GRO		ii .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	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 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.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739								
				TE FEES FOR EAC				
		SUBSCRIBER GRO		ii —		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
				-				Otations
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	
FORT	Y-SEVENTH	SUBSCRIBER GRO	DUP	FC	RTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I 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 blo	the base rat ck 3, line 1, s	e fees for each subs	criber group a	II	above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739										
CABLE ONE, IN							61739	Name		
				TE FEES FOR EAC						
		SUBSCRIBER GRO		COMMANDATIVE A SEC		I SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
				-				Surcharge for		
								Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00						
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00			
	•						-			
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	JP			
COMMUNITY/ ARE/	٩		0	COMMUNITY/ AREA	······					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
0.122.0101						0.122				
				-						
				-						
				-						
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
	~ h	<u> </u>	0.00			[*	0.00			
				**						
Base Rate Fee: Add	the base rat	e fees for each subs	criber group	as shown in the boxes	above.					
Enter here and in blo						\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739								
				TE FEES FOR EAC				
	TY-THIRD	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
	<u>.</u>							and Syndicated
								Exclusivity
								Surcharge
	<u>.</u>		<u>.</u>					for
			<u></u>			-		Partially Distant
								Stations
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	
	FTY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>		<u>.</u>					
	····		····					
						-		
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 the Enter here and in block	ne 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.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT SYSTEM ID# 61739								
				ATE FEES FOR EAC				-
	/-SEVENTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
Total DSEs		!!	0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.0				Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
F	FTY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	s	0.00	Base Rate Fee Four	rth Group	\$	0.00	
		ı·				L*		
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739								
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	XTY-FIRST	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
								Base Rate Fee
								and
								Syndicated
								Exclusivity
			····					Surcharge for
								Partially
								Distant
			<u></u>					Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
	XTY-THIRD	SUBSCRIBER GRO		ii -		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····		·····				······	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	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 the Enter here and in block	ne base rat k 3, line 1, s	e fees for each subsepace L (page 7)	criber group a	as shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: SABLE ONE, INC. d/b/a SPARKLIGHT 61739										
CABLE ONE, IN	υ. α/b/a SP	ARKLIGHT					61739	Name			
				ATE FEES FOR EAC							
		SUBSCRIBER GRO		ii —		I SUBSCRIBER GROU		9			
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
3.122.5.5.1						0.1223.01		Base Rate Fee			
								and			
								Syndicated			
								Exclusivity			
								Surcharge			
								for Partially			
								Distant			
								Stations			
				-							
Total DSEs		"	0.00	Total DSEs		1	0.00				
Gross Receipts First					Total DSEs 0.00 Gross Receipts Second Group \$ 0.00						
Cioss receipts i list	Огоир	\$	0.00	Gross receipts occo	ла Огоар	\$	0.00				
Basa Bata Faa Firat	0		0.00	Bass Bats Fas Cass	and Carrie		0.00				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ona Group	\$	0.00				
SIXT	Y-SEVENTH	SUBSCRIBER GRO	DUP	Si	XTY-EIGHTH	I SUBSCRIBER GROU	JP				
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA	١		0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
07.122 0.011	202	07.22 0.0.1	332	07.22 0.0.1	202	07.22 0.0.1	332				
				-							
			·····	-	·····						
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00				
,	•										
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00				
				1							
D D-4 E	Labor Borros				-1						
Enter here and in blo			criber group	as shown in the boxes	abuve.	\$					

EGAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. d/b/a SPARKLIGHT 61739										
CABLE ONE, INC							61739	Name		
				TE FEES FOR EAC						
		SUBSCRIBER GRO		11		I SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
			·····		·····			Surcharge for		
								Partially		
								Distant		
								Stations		
			·····							
			·····							
Total DSEs	'	'	0.00	Total DSEs	'		0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00			
Cross resorpts river	Огоцр			ll cross resorpts coss	на Огоар	*				
Base Rate Fee First (Croup		0.00	Base Rate Fee Seco	nd Croup		0.00			
Dase Rate Fee Filst	Jioup	\$	0.00	base Rate Fee Seco	na Group	\$	0.00			
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			·····							
			·····		••••					
			·····		·····					
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
				Ш						
Page Bate Foot Actal	the bees	o food for one best and	oribor ar	as shown in the boxes a	ahovo					
Enter here and in bloo			onbor group o	20 SHOWN III UIG DOXES (250VG.	\$				

BLE SYSTEM: PARKLIGHT	61739	Na
A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		
D SUBSCRIBER GROUP SEVENTY-FOURTH SUBSCRIBER GRO COMMUNITY/ AREA	0 0	Ç
		Comp
CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	
		Base R
		Syndi
		Exclu
		Surci fo
		Part
		Dis
		Stat
	0.00	
\$ 0.00 Gross Receipts Second Group \$	0.00	
\$ 0.00 Base Rate Fee Second Group \$	0.00	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO	DUP	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO	DUP	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA	0 	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA	0 	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA	0 	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA	0 	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA	0 	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA	0 	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA	0 	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA	0 	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA	0 	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA	0 	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA	0 	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA	0 	
H SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN	DUP DSE	
H SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN	DUP DSE DSE 0.00	

LEGAL NAME OF OW						S	SYSTEM ID#	Name
CABLE ONE, INC	ರ. d/b/a SP	ARKLIGHT					61739	Name
				TE FEES FOR EAC				
SEVENT	Y-SEVENTH	SUBSCRIBER GRO	DUP	SEVE	NTY-EIGHTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	0 COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE			
						51.12.51.51		of Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
							<mark>.</mark>	Distant
								Stations
								
			·····				·····	
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Sec	ond Group	\$	0.00	
	·							
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVI	TAITY AIIAITH) IID		FIGUTIETI	I SUBSCOURT CROI	ID.	
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ADE		I SUBSCRIBER GROU	0	
COMMONT IT AREA				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·····					
							·····	
T 1 1 DOE			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				II				
			criber group a	as shown in the boxes	above.			
Enter here and in blo						\$		

CABLE ONE, INC.						S	61739	Name
				TE FEES FOR EAC				
	HTY-FIRST	SUBSCRIBER GRO		EIGHTY-SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
	<u></u>							Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
			····					
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		\$	0.00	
	ITY-THIRD	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····					
	<u></u>							
	<u></u>							
	···							
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e base rat 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 OWNE CABLE ONE, INC.						S	61739	Name
		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP	IP	
COMMUNITY/ AREA		0		COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				of
								Base Rate Fee
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
			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	
EIGHTY- COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	0 0			I SUBSCRIBER GROU	JP 0	
				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
						_		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Foun	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 OW						S	SYSTEM ID#	Name
CABLE ONE, IN							61739	
				ATE FEES FOR EACH				
		SUBSCRIBER GRO		00144::::=		I SUBSCRIBER GROU		9
COMMUNITY/ ARE	Α		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
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs	'		0.00	
Gross Receipts First				Gross Receipts Seco	nd Group	e	0.00	
Gloss Receipts Fils	i Group	\$	0.00	Gloss Receipts Seco	ila Gloup	\$	0.00	
			0.00					
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
N	INETY-FIRST	SUBSCRIBER GRO	DUP	NINE	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
							2.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
			criber group	as shown in the boxes a	above.	¢		
Enter here and in blo	UCK S, IINE 1, S	space L (page /)				\$		

LEGAL NAME OF OW						S	SYSTEM ID#	Name
CABLE ONE, IN	C. d/b/a SP	ARKLIGHT					61739	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
NI	NETY-THIRD	SUBSCRIBER GRO	DUP	NINE	TY-FOURTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA 0				9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			·····				·····	
Total DSFa			0.00	Total DSEs			0.00	
Total DSEs 0.00 Gross Receipts First Group \$ 0.00			0.00		and Croup	œ.	0.00	
Gioss Receipis Filsi	Group	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Boss Bata Fac First	Croup		0.00	Boss Bata Fac Cook	and Croup		0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco		\$	0.00	
N	INETY-FIFTH	SUBSCRIBER GRO	DUP	NI	NETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			·····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		
Line nere and in bit	201. U, IIIU 1, 3	paso = (page 1)				Ψ		

LEGAL NAME OF OWN CABLE ONE, INC						S	61739	Name
NINETY	'-SEVENTH	CK A: COMPUTATION OF BASE F /ENTH SUBSCRIBER GROUP		NIN	ETY-EIGHTH	IBER GROUP I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
	•••••							Distant
								Stations
			<u></u>					
			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	
	ETY-NINTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	- IF	·			- · P	<u>·</u>		
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.	\$		

LEGAL NAME OF OWNE						S	SYSTEM ID#	Name
CABLE ONE, INC.	d/b/a SP	ARKLIGHT					61739	Name
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDF	RED FIRST	SUBSCRIBER GRO	UP	ONE HUNDRI	ED SECONE	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
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	<u> </u>		<u>.</u>					
	<u></u>		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Seco	and Group	\$	0.00	
Cross receipts riist C	тоир	\$	0.00	Gross receipts dece	ли Огоир	*	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDE	ED THIRD	SUBSCRIBER GRO	DUP	ONE HUNDR	FD FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	LD IIIIIO	ODDOONIBEN GIVE	0	11		I CODOCINIDEIX CINOC	0	
COMMONT IT AREA				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<u>.</u>					
				-				
			<mark></mark>					
				-				
	···	-						
	···		····	-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add th	ne base rat e	e fees for each subs	criber group a	as shown in the boxes	above.			
Enter here and in block			. 5. 5.4	1 257.00		\$		

CABLE ONE, INC						S	61739	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		ONE HUNDRED SIXTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-				Exclusivity Surcharge
			·····	-				for
								Partially
								Distant
								Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	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	
ONE HUNDREI	D SEVENTH	SUBSCRIBER GRO	UP	ONE HUND	RED EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
			<u>.</u>					
				-				
			·····	-				
			····	-				
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts 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	the base rat	e fees for each subs	criber group a	as shown in the boxes	above.	c		
Line nere and m blo	on o, iiile i, s	phace r (hade 1)				\$		

LEGAL NAME OF OWN						S	YSTEM ID#	Name
CABLE ONE, INC	. d/b/a SP	ARKLIGHT					61739	Name
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDE	RED 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
0.122.57677		07.122.070				51.22 51511		Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
	<u>.</u>		<u>.</u>					Stations
			····					
Total DSEs			0.00	Total DSEs		11	0.00	
			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED I	ELEVENTH	SUBSCRIBER GRO	NI ID	ONE HUNDRE	D TWELVTE	I SUBSCRIBER GROU	ID	
COMMUNITY/ AREA		SOBSCRIBER GIVE	0	ii .		1 30B3CNBEN GNOC	0	
COMMONIT IT AREA				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····					
				-				
	····			-				
			0.00				0.00	
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	
				II				
Base Rate Fee: Add to	he base rat e	e fees for each subs	criber group a	as shown in the boxes	above.			
Enter here and in bloc			.			\$		

LEGAL NAME OF OWN						S	YSTEM ID#	Name
CABLE ONE, INC	c. d/b/a SP	ARKLIGHT					61739	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED TH	HIRTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED FO	DURTEENTH	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
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
			····					Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	FIFTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			criber group	as shown in the boxes	above.			
Enter here and in bloo	ck 3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739								
ONE HUNDRED SEV			UP	TI .	IGHTEENTH	IBER GROUP I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	····							and Syndicated
								Exclusivity
								Surcharge
								for Partially
	····		<u></u>					Distant
								Stations
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED N	IINTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			···					
T / L DOE			0.00	T + 1 P.05			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739								
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TV	VENTY-FIRST	SUBSCRIBER GRO		H		SUBSCRIBER GROUP	'	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-				Exclusivity
			····					Surcharge for
								Partially
								Distant
								Stations
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TW	/ENTY-THIRD	SUBSCRIBER GROU	P	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE.			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	<u>\$</u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the base rat	e fees for each subso	criber group a	as shown in the boxes	above.	s		
Lines nere allu III DIO	on 0, IIIIC 1, S	pace = (page 1)				٧		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739								Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		tt -		SUBSCRIBER GROUP		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 for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWEN	TY-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	·		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo	the base rat ck 3, line 1, s	e tees tor each subse 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 61739								
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDRE	ED THIRTIETH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
	<u></u>		<u></u>					Syndicated
								Exclusivity
	····							Surcharge for
								Partially
	••••		···		•••••			Distant
								Stations
			 					
				-				
	····			-				
Total DSEs			0.00	Total DSEs			0.00	
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	
	IRTY-FIRST	SUBSCRIBER GROUP		ii		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			···					
	••••		···		•••••			
	<u></u>		<u></u>					
			<u>.</u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
	S				4h C	•	_	
Gross Receipts Third (oup	3	0.00	Gross Receipts Four	uı 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	ne base rat e c 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 OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739								
		COMPUTATION O SUBSCRIBER GROU		ONE HUNDRED THE	IRTY-FOURTH	IBER GROUP	0	9
COMMUNITY/ AREA				COMMUNITY/ AREA	······································			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
	····		····					Distant Stations
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	iroup	\$	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 TH	IIRTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····				·····	
	····							
Total DSEs	•	•	0.00	Total DSEs	•		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	-	<u>.</u>			P			
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			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW						S	YSTEM ID#	Name
CABLE ONE, INC	C. d/b/a SP	ARKLIGHT					61739	Hame
				TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
ONE HUNDRED THIR	TY-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TH	IIRTY-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Or ALL STORY	502	OF ILL STORY	562	O/ LEE GIGIT	1002	ONEE STORY	562	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
					<mark>.</mark>			Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Gross receipts i list	Group			Cross recorpts deed	ond Group			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
							•	
		SUBSCRIBER GROU		T .		1 SUBSCRIBER GROU	JP -	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							······	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	I Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		
	.,	. (19-1)						

LEGAL NAME OF OW CABLE ONE, INC						S	61739	Name
ONE HUNDRED	FORTY-FIRST	COMPUTATION C		ONE HUNDRED FO	RTY-SECONE	IBER GROUP SUBSCRIBER GROUP	0	9
OOMMONT 17 74 CE				JOONINIOTAT 17 74 KE				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
			····					and Syndicated
								Exclusivity
								Surcharge
								for
			<u></u>					Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU		li .		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
Total DSEs	'	"	0.00	Total DSEs	•		0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
i	•				F	·		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add	I the base rat	e fees for each subs	criber group	as shown in the boxes	above.			
Base Rate Fee: Add Enter here and in blo			criber group	as snown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739								
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED I	FORTY-FIFTH	SUBSCRIBER GROU		ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
		-						Exclusivity
								Surcharge for
			·····	-				Partially
								Distant
								Stations
Total DSEs	1		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	
ONE HUNDRED FOR	TY-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			<u>.</u>					
		-						
				-				
Total DSEs	· ·		0.00	Total DSEs	•		0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the base rat	te fees for each subs	criber group a	as shown in the boxes	above.	e e		
Linter nere and in blo	UN J, IIIIE I, S	space L (page /)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739								
				TE FEES FOR EAC				
ONE HUNDRED FO		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
								and
								Syndicated
						-		Exclusivity Surcharge
			····					for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••••		···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	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			anber group a	as snown in the boxes	above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID#	Name
CABLE ONE, INC.	d/b/a SP	AKKLIGHT					61739	1141116
				TE FEES FOR EAC				
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO		H .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0,122 0.0.1	202	07.22 0.0.1	202	07.22 0.0.1	202	0,122 0.011	332	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
			·····	-	·····			for Partially
	····		····		••••			Distant
								Stations
	···		····					
Total DSEs			0.00	Total DSEs			0.00	
		•				•	_	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED F	FIFTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>		<u>.</u>			
				-				
				-				
			<u>.</u>					
				-				
				-				
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 Fourt	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add th	e base rate	e fees for each subs	criber aroun	as shown in the hoves :	above			
		pace L (page 7)	g.oup			\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739									
CABLE ONE, INC	J. α/b/a SP	ARKLIGHT					61739	Name		
				TE FEES FOR EAC						
		SUBSCRIBER GROU		ii –		SUBSCRIBER GROUP		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
OALL GIGIN	DOL	CALL GIGIT	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant		
								Stations		
			••••							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00			
Buse Rule Fee First	Огоир	[Ψ	0.00	Buse Rule 1 ce scot	ліа Огоар	Ψ	0.00			
ONE HUNDRED	FIFTY-NINTH	SUBSCRIBER GROU	IP	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP)			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			····							
			••••							
Total DSEs	<u> </u>		0.00	Total DSEs			0.00			
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
•	•				•					
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
				11						
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$				

LEGAL NAME OF OWNE CABLE ONE, INC.							61739	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA	POPLA	AR BLUFF/BUTL	ER CO.	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
	···							for
								Partially
								Distant
								Stations
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 76	4,098.22	Gross Receipts Sec	ond Group	\$	0.00	
·					•			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
Total DSEs		11	0.00	Total DSEs			0.00	
	D				with Curring		_	
Gross Receipts Third (эιουρ	\$	0.00	Gross Receipts Fou	iui Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add th			criber group	as shown in the boxes	above.	•	0.00	
Enter here and in block	(3, line 1, s	space L (page 7)				\$	0.00	

•	ME OF OWNER OF CABLE SYSTEM: ONE, INC. d/b/a SPARKLIGHT SYSTEM ID# 61739									
		COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP								
F COMMUNITY/ AREA	IFTH SUBSCRIBER GE	0 ROUP	COMMUNITY/ ARE		1 SUBSCRIBER GROU	JP 0	9			
COMMUNITY/ AREA			COMMONT Y/ ARE	Α			Computa			
CALL SIGN DS	SE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
							Base Rate			
							and Syndicat			
	······						Exclusiv			
							Surchar			
							for			
							Partiall Distan			
							Station			
otal DSEs		0.00	Total DSEs			0.00				
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00				
		1		·						
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
	NTH SUBSCRIBER G				SUBSCRIBER GROU					
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
CALL SIGN DS	SE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
07.22 9.9.1	57 LEE 515.1	332	07.122 01011	202	07.122.07.07.1	202				
		0.00	Total DSEs			0.00				
otal DSEs			Total Bozo							
	•		Gross Receipts Fou	rth Group	¢	0.00				
otal DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00				

SYSTEM ID# 61739			ARKLIGHT	ONE, INC. d/b/a SF	CABLE ONE, INC
EACH SUBSCRIBER GROUP					
TENTH SUBSCRIBER GROUP AREA 0	COMMUNITY/ AREA	GROUP 0	SUBSCRIBER GR		COMMUNITY/ AREA
ANLA	COMMONT IT AREA				COMMONT I/ AILE
DSE CALL SIGN DSE	CALL SIGN DS	DSE	CALL SIGN	SIGN DSE	CALL SIGN
0.00	T-t-I DOE-	0.00			5-4-1 DOE-
0.00	Total DSEs	0.00			Total DSEs
s Second Group \$ 0.00	Gross Receipts Second Gro	0.00	\$	eceipts First Group	Gross Receipts First
Second Group \$ 0.00	Base Rate Fee Second Gro	0.00	\$	te Fee First Group	Base Rate Fee First
TWELVTH SUBSCRIBER GROUP	TWE	3ROUP	SUBSCRIBER GR	ELEVENTH	
AREA 0		0		NUTY/ ADEA	
AREA	COMMUNITY/ AREA			NITY/ AREA	OMMUNITY/ AREA
DSE CALL SIGN DSE		DSE	CALL SIGN		CALL SIGN
		DSE	CALL SIGN		
		DSE	CALL SIGN		
		DSE	CALL SIGN		
		DSE	CALL SIGN		
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		DSE	CALL SIGN		
		DSE	CALL SIGN	SIGN DSE	CALL SIGN
DSE CALL SIGN DSE	CALL SIGN DS	0.00		SIGN DSE	CALL SIGN
DSE CALL SIGN DSE	CALL SIGN DS		CALL SIGN	SIGN DSE	CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third

LEGAL NAME OF OWNE						;	SYSTEM ID#	Name	
		OMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
		SUBSCRIBER GRO		П			LID		
COMMUNITY/ AREA	IKIEENIA	SUBSCRIBER GRO	0	COMMUNITY/ ARE		1 SUBSCRIBER GRO	0	9	
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	····		·····					and Syndicated	
							·········	Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
				-					
Total DSEs	•		0.00	Total DSEs	•		0.00		
Gross Receipts First 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		
F	IFTEENTH	SUBSCRIBER GRO	UP	<u> </u>	SIXTEENTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	····		·····						
	····		····						
				-					
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third (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 th	ne hase rate	e fees for each subs	criber group	as shown in the hoves	above				
Enter here and in block			criber group a	as snown in the doxes	ароуе.	\$			

CABLE ONE, INC. d/b/a	ABLE SYSTEM:				•	SYSTEM ID#	Name		
		RKLIGHT 61739 COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
	A: COMPUTATION TH SUBSCRIBER GR		TI .		RIBER GROUP H SUBSCRIBER GROU	ID			
COMMUNITY/ AREA	TH SUBSCRIBER GR	0	COMMUNITY/ ARE		1 SUBSCRIBER GROU	0	9		
							Computation		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
							Base Rate Fe		
						······	and		
				······		·······	Syndicated Exclusivity		
							Surcharge		
							for		
							Partially		
							Distant		
							Stations		
Total DSEs		0.00	Total DSEs			0.00			
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
	ITH SUBSCRIBER GE				H SUBSCRIBER GROU	JP -			
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	······								
Total DSEs		0.00	Total DSEs			0.00			
Total DSES			II	rth Croup	\$	0.00			
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	itii Gioup		0.00			

				TE EEEO						
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	IID			
OMMUNITY/ AREA	I I -I INOI	SOBSCINDER GRO	0	COMMUNITY/ AREA		OUBSCINDER GRO	0	9		
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of		
								Base Rate		
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								Syndicat		
	<u></u>							Exclusiv		
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	···							Partiall		
								Distan		
								Station		
otal DSEs			0.00	Total DSEs			0.00			
ross Receipts First G	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
TWEN	TY_THIRD	SUBSCRIBER GRO								
	TT-TTIINE	SUBSCRIBER GRO		TWEN	NTY-FOURTH	SUBSCRIBER GRO	UP			
OMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		I SUBSCRIBER GRO	0			
OMMUNITY/ AREA	DSE	CALL SIGN		1		CALL SIGN				
			0	COMMUNITY/ AREA	Α		0			
			0	COMMUNITY/ AREA	Α		0			
			0	COMMUNITY/ AREA	Α		0			
			0	COMMUNITY/ AREA	Α		0			
			0	COMMUNITY/ AREA	Α		0			
			0	COMMUNITY/ AREA	Α		0			
			0	COMMUNITY/ AREA	Α		0			
			0	COMMUNITY/ AREA	Α		0			
			0	COMMUNITY/ AREA	Α		0			
			0	COMMUNITY/ AREA	Α		0			
			0	COMMUNITY/ AREA	Α		0			
			0	COMMUNITY/ AREA	Α		0			
			0	COMMUNITY/ AREA	Α		0			
CALL SIGN			DSE	COMMUNITY/ AREA	Α		DSE			
CALL SIGN	DSE		0 DSE	COMMUNITY/ AREA	DSE		0 DSE			
CALL SIGN	DSE		DSE	COMMUNITY/ AREA	DSE		DSE			
CALL SIGN	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE			
CALL SIGN	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA	DSE DSE	CALL SIGN	0 DSE			

CABLE ONE, INC. d	OF CABLE						61739	Name		
			OMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP UBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP							
	Y-FIFTH	SUBSCRIBER GRO		Ti .		I SUBSCRIBER GRO		9		
COMMUNITY/ AREA			0	0 COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL SIGN DSE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of		
								Base Rate F		
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			<u></u>							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	ир	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00			
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
		SUBSCRIBER GRO				SUBSCRIBER GROU				
TWENTY-S		SUBSCRIBER GRO			ITY-EIGHTH					
TWENTY-S		SUBSCRIBER GRO	DUP	TWEN	ITY-EIGHTH		UP			
TWENTY-S COMMUNITY/ AREA	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-S COMMUNITY/ AREA	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-S COMMUNITY/ AREA	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-S COMMUNITY/ AREA	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-S COMMUNITY/ AREA	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-S COMMUNITY/ AREA	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-S COMMUNITY/ AREA	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-S COMMUNITY/ AREA	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-S COMMUNITY/ AREA	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-S COMMUNITY/ AREA	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-SI	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-S COMMUNITY/ AREA	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-S COMMUNITY/ AREA	EVENTH		0 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	SUBSCRIBER GROU	UP 0			
TWENTY-Si COMMUNITY/ AREA CALL SIGN	EVENTH		DSE	TWEN COMMUNITY/ AREA CALL SIGN	ITY-EIGHTH	SUBSCRIBER GROU	DSE			
TWENTY-Si COMMUNITY/ AREA CALL SIGN Fotal DSEs	DSE	CALL SIGN	DUP O DSE O O O O O O O O O O O O O O O O O	TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE			
TWENTY-Si COMMUNITY/ AREA CALL SIGN Total DSEs	DSE		DSE	TWEN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE			
COMMUNITY/ AREA	DSE	CALL SIGN	DUP O DSE O O O O O O O O O O O O O O O O O	TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE			
TWENTY-Si COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DUP O DSE O O O O O O O O O O O O O O O O O	TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE h Group	CALL SIGN	DSE			

		ARKLIGHT					61739	Name
				ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
TWEN	TY-NINTH	SUBSCRIBER GRO	UP		THIRTIETH	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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								and
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								Surcharge
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								Partially
								Distant
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otal 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	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIF	TY-FIRST	SUBSCRIBER GRO	DUP	THIF	TY-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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otal DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Gross Receipts Third G				II				
Gross Receipts Third €								
Gross Receipts Third G	iroup	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	

Name								
		BER GROUP	SUBSCRI	TE FEES FOR EAC				
	JP	SUBSCRIBER GROU	Y-FOURTH	THIR	UP	SUBSCRIBER GRO	RTY-THIRD	THIR
9 Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computati	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
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for								
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+								
	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	
		\$ SUBSCRIBER GROU				\$ SUBSCRIBER GRO		Base Rate Fee First G
=								Base Rate Fee First G
= - -	JP			Th	DUP			Base Rate Fee First G
= - -	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
- - - -	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
- - - - - - - -	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
-	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
-	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	RTY-FIFTH	Base Rate Fee First Gi THIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	RTY-SIXTH	TH COMMUNITY/ AREA	DUP 0	SUBSCRIBER GRO	RTY-FIFTH	THIF COMMUNITY/ AREA CALL SIGN
	DSE DSE O.00	SUBSCRIBER GROU	DSE	THE COMMUNITY AREA CALL SIGN Total DSEs	DUP DSE 0.000	CALL SIGN	DSE	THIF COMMUNITY/ AREA CALL SIGN Total DSEs
	JP 0 DSE	SUBSCRIBER GROL	DSE	CALL SIGN	DUP 0	SUBSCRIBER GRO	DSE	THIF COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE 0.00 0.00	SUBSCRIBER GROUND CALL SIGN	DSE	THE COMMUNITY AREA CALL SIGN Total DSEs Gross Receipts Four	0.00 0.00	SUBSCRIBER GRO CALL SIGN * * * * * * * * * * * * *	DSE	THIF COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Third G
	DSE DSE O.00	SUBSCRIBER GROU	DSE	THE COMMUNITY AREA CALL SIGN Total DSEs	DUP DSE 0.000	CALL SIGN	DSE	THIF COMMUNITY/ AREA CALL SIGN Total DSEs

CABLE ONE, INC. o		SYSTEM: ARKLIGHT				\$	61739	Name
		COMPUTATION O		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	LVLINIII		0	COMMUNITY/ AREA		T CODOCINDEN CINCO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and Syndicated
			···					Exclusivity
								Surcharge
								for Partially
			<u></u>					Distant
								Stations
			 	-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			<u> </u>	·				
				_			0.00	
Total DSEs			0.00	IITotal DSFs				
	oun	\$	0.00	Total DSEs Gross Receipts Four	rth Group	<u> </u>		
Fotal DSEs Gross Receipts Third Gr	oup	\$	0.00	Total DSEs Gross Receipts Four	rth Group	\$	0.00	

	DI OCIC	d/b/a SPARKLIGHT 61739 BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
EC		SUBSCRIBER GRO		П		IBER GROUP SUBSCRIBER GRO	I IP			
COMMUNITY/ AREA		OODOOTTIDE!! OITC	0	COMMUNITY/ ARE		O O O O O O O O O O O O O O O O O O O	0	9		
								Computa		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
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							······	Exclusiv		
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otal DSEs		Н	0.00	Total DSEs		11	0.00			
	_									
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	<u>\$</u>	0.00			
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
FC	RTY-THIRD	SUBSCRIBER GRO)UP	FOR	RTY-FOURTH	I SUBSCRIBER GRO	UP			
OMMUNITY/ AREA				+						
			0	COMMUNITY/ ARE			0			
			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	COMMUNITY/ ARE		CALL SIGN				
	DSE	CALL SIGN			Α		0			
	DSE	CALL SIGN			Α		0			
	DSE	CALL SIGN			Α		0			
	DSE	CALL SIGN			Α		0			
	DSE	CALL SIGN			Α		0			
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	DSE	CALL SIGN			Α		0			
	DSE	CALL SIGN			Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	Α		DSE			
CALL SIGN			0.00	Total DSEs	DSE	CALL SIGN	0 DSE			
CALL SIGN		CALL SIGN	DSE	CALL SIGN	DSE		DSE			
CALL SIGN	Group		DSE	Total DSEs Gross Receipts Fou	DSE THE Group	CALL SIGN	0 DSE			
CALL SIGN	Group		0.00	Total DSEs	DSE THE Group	CALL SIGN	0 DSE			

CABLE ONE, INC. d/b/a									
		COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SUBSCRIBER GROUP FORTY-SIXTH SUBSCRIBER GROUP							
FORTY-FIF	TH SUBSCRIBER GR		F	ORTY-SIXTH	SUBSCRIBER GROU	JP	9		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computation		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
							Base Rate Fe		
							and		
							Syndicated		
							Exclusivity		
							Surcharge		
							for Partially		
							Distant		
							Stations		
Total DSEs		0.00	Total DSEs			0.00			
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
FORTY-SEVEN	TH SUBSCRIBER GR	OUP	FC	RTY-EIGHTH	I SUBSCRIBER GROU	JP			
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		0.00	Total DSEs			0.00			
Total DSEs			0	rth Group	\$	0.00			
	\$	0.00	HGross Receipts Foll						
Total DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rai Group	*				

LEGAL NAME OF OWI						•	61739	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
				-				Partially Distant
								Stations
							······	Stations
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	
F	FIFTY-FIRST	SUBSCRIBER GRO	DUP	FII	TY-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	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 blo			criber group a	as shown in the boxes	above.	\$		

	SPARKLIGHT					61739
	A: COMPUTATION (IBER GROUP I SUBSCRIBER GROU	ID.
COMMUNITY/ AREA	RD SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GROU	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	<u>\$</u>	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
	TH SUBSCRIBER GRO				SUBSCRIBER GROU	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Λ		Λ .
				¬		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	
	CALL SIGN				CALL SIGN	DSE
otal DSEs		0.00	Total DSEs	DSE		DSE
CALL SIGN DSE	CALL SIGN			DSE	CALL SIGN	DSE

	K A: COMPUTATION (NTH SUBSCRIBER GRO						
COMMUNITY/ AREA			F				
			COMMUNITY/ ARE		SUBSCRIBER GROU	0	9
CALL SIGN DS	II						Compu
	SE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	0
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							Syndid
							Exclu
							Surch fo
		·····					Parti
							Dista
							Statio
otal DSEs		0.00	Total DSEs		11	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
orece receipts river ereap	•		Cross rescipie ess	ona Oroap			
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NTH SUBSCRIBER GRO				I SUBSCRIBER GROU	JP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		0.00					
otal DSEs		0.00	Total DSEs			0.00	
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	

OCK A: (E BASE DA				61739	
		OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP					
1-FIRST			П			ID	
	SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GROU	0	9
							Computation
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		<u></u>					Base Rate Fe
		<u>.</u>					and
							Syndicated Exclusivity
		<u></u>					Surcharge
							for
							Partially
							Distant
		<u>.</u>					Stations
		<u> </u>					
		···					
		0.00	Total DSEs			0.00	
up	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
•							
up	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	1					-1	
Y-THIRD	SUBSCRIBER GRO		ii —		H SUBSCRIBER GROU	JP	
		U	COMMUNITY/ AREA	······		U	
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u></u>					
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		···					
		0.00	Total DSEs			0.00	
oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	-						
oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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	Y-THIRD DSE Oup oup	TY-THIRD SUBSCRIBER GROUNDSE CALL SIGN DSE CALL SIGN OUP \$ OUP \$	Sup \$ 0.00 TY-THIRD SUBSCRIBER GROUP O DSE CALL SIGN DSE O O O O O O O O O O O O O	Sup \$ 0.00 Base Rate Fee Second Community AREA COMM	Sup \$ 0.00 Base Rate Fee Second Group	Sup \$ 0.00 Base Rate Fee Second Group \$	Sup \$ 0.00 Sase Rate Fee Second Group Sase Rate Fee Fourth Group Sase Rate Fee Fee Fee Fee Fee Fee Fee Fee Fee F

	SPARKLIGH	IT				61739	Name
			RATE FEES FOR EAC				
	FTH SUBSCRIB		ii e		SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	٩		0	Computat
CALL SIGN DS	E CALL SI	GN DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
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otal DSEs	''	0.00	Total DSEs	'		0.00	
	•	0.00	·	and Craun	•	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-SEVE	NTH SUBSCRIB	ER GROUP	S	VTV FIGURE	SUBSCRIBER GRO	IID	
				X I Y-EIGH I F	1 GODGOTTIDETT GITCH	UF	
COMMUNITY/ AREA		0			T GODGONIBEN GNO	0	
CALL SIGN DS	П				CALL SIGN	_	
	П		. COMMUNITY/ ARE.	Α		0	
	П		. COMMUNITY/ ARE.	Α		0	
	П		. COMMUNITY/ ARE.	Α		0	
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	П		. COMMUNITY/ ARE.	Α		0	
CALL SIGN DS	П	GN DSE	COMMUNITY/ ARE.	Α		DSE	
CALL SIGN DS	П	0.00	COMMUNITY/ AREA	DSE		0.00	
CALL SIGN DS CALL SIGN DS Total DSEs Gross Receipts Third Group	П	GN DSE	COMMUNITY/ ARE.	DSE		DSE	

CABLE ONE, INC. d/b/		SYSTEM: RKLIGHT					61739	Name
				ATE FEES FOR EAC				
	NINTH S	UBSCRIBER GROU		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computa
CALL SIGN D	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
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								Syndicat
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								Distant
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otal DSEs			0.00	Total DSEs			0.00	
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Gross Receipts First Group	<u> </u>	5	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	[•	2 22					
ase Kale Fee Filst Gloup	E		0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		UBSCRIBER GROU	<u> </u>			SUBSCRIBER GROU		
SEVENTY-F		UBSCRIBER GROU	<u> </u>		TY-SECOND			
SEVENTY-F		SUBSCRIBER GROU	JP	SEVEN ⁻	TY-SECOND		UP	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-F COMMUNITY/ AREA CALL SIGN D	FIRST S		JP 0	SEVEN' COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GROU	UP 0	
SEVENTY-FCOMMUNITY/ AREA CALL SIGN D Total DSEs	FIRST S	CALL SIGN	DSE 0.00	SEVEN' COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	
SEVENTY-F	FIRST S	CALL SIGN	JP 0 DSE	SEVEN' COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	

o, 1511 O.11, 1110.	l/b/a SP	E SYSTEM: ARKLIGHT				`	61739	Name
				ATE FEES FOR EAC				
	Y-THIRD	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs	· · · · · ·	•	0.00	Total DSEs	'	1	0.00	
Gross Receipts First Gro	auc	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
		·				<u>·</u>		
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	Y-FIFTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			···					
								
			<mark></mark>					
Fotal DSEs			0.00	Total DSEs			0.00	
Fotal DSEs Gross Receipts Third Gr	oup	\$	0.00	Total DSEs Gross Receipts Foul	rth Group	\$	0.00	

	K A: COMPUTATION NTH SUBSCRIBER GI		11		RIBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			Ti .	N I Y-EIGHT	1 SUBSCRIBER GROU	ا ۲	
CALL SIGN DS	SE CALL SIGN			Α		0	9
CALL SIGN DE	SE CALL SIGN				II		Computation
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							Surcharge
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							Distant Stations
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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	
SEVENTY-N	NTH SUBSCRIBER GI	ROUP		EIGHTIETH	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	SE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWN						:	SYSTEM ID#	Name
							61739	
		COMPUTATION C		TE FEES FOR EACH		RIBER GROUP O SUBSCRIBER GRO	LIP	
COMMUNITY/ AREA		CODOCNIDEN GRO	0	COMMUNITY/ AREA		S CODOCKIDEN GRO	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	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	
EIGI	HTY-THIRD	SUBSCRIBER GRO	DUP	EIGH	TY-FOURTH	H 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			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	e	0.00	Base Rate Fee Fou	rth Group	¢	0.00	
Dage Nate I de Hilla	S.Oup	\$	0.00	Dase Nate i ee rou	ar Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxes	above.	\$		
inter here and in bloc	κο, iiiie i, s	phace L (page 7)				\$		

		SYSTEM: ARKLIGHT					61739	Name
				ATE FEES FOR EAC				
	-FIFTH S	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group)	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group		\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHTY-SE\	/ENTH S	SUBSCRIBER GRO	UP	EIG	HTY-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			0.00	Total DSEs			0.00	
Fotal DSEs Gross Receipts Third Grou	p	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	

	/a SP	SYSTEM: ARKLIGHT				:	61739	Name
				ATE FEES FOR EAC				
	NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computati
CALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and
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								Surcharge
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group)	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
	Ī							
Base Rate Fee First Group		\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NINETY-	-FIRST S	SUBSCRIBER GRO	<u>JP</u>	NINE	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Fotal DSEs			0.00	Total DSEs			0.00	
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Total DSEs Gross Receipts Third Grou	P	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$		

ABLE ONE, INC. d/b/a	ABLE SYSTEM: SPARKLIGHT				\$	61739	Name
	A: COMPUTATION (П				
NINETY-THI	RD SUBSCRIBER GR	OUP	NIN	ETY-FOURTH	SUBSCRIBER GROU	JP	0
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	9 Computation
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							and
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otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
roos resolpto i not Group	<u> </u>		C1000 1000 pto 000	ona Oroap	•		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINETY-FIF	TH SUBSCRIBER GR	OUP	N	INETY-SIXTH	I SUBSCRIBER GRO	JP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs		0.00	Total DSEs			0.00	
otal DSEs		0.00	Total DSEs	mth Commission		0.00	
otal DSEs ross Receipts Third Group	<u>\$</u>	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

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		SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	ID	
COMMUNITY/ AREA	OL V LIVIII	CODOCKIDEN CINC	0	COMMUNITY/ AREA		CODOCINDEN CINC	0	9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roun	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
ross receipts i list Of	оцр	4	0.00	Gross receipts dec	ond Oroup	Ψ	0.00	
ase Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	T) () () () () ()			+				
	I Y-NIN I H	SUBSCRIBER GRO	UP	ONE I	HUNDREDTH	SUBSCRIBER GROU	JP	
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OMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
OMMUNITY/ AREA	DSE	CALL SIGN				SUBSCRIBER GROU		
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COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN			0	COMMUNITY/ AREA	A		0	
CALL SIGN CALL SIGN Cotal DSEs	DSE		0 DSE	COMMUNITY/ AREA	DSE		DSE	
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third G	DSE	CALL SIGN	0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Foul	DSE The Group	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA	DSE The Group	CALL SIGN	0 DSE	

Name	YSTEM ID# 61739	S						CABLE ONE, INC.
	ID.			TE FEES FOR EACH		COMPUTATION C		
	0	SUBSCRIBER GROU		COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GRO		COMMUNITY/ AREA
Computation	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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for								
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<u>) </u>	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	JP	SUBSCRIBER GRO	ED THIRD	ONE HUNDR
O	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
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	DI OCK A	COMPLITATION		ATE FEED FOR FAC	NI CHDOOD	IDED CDCLID		
ONE HUND		SUBSCRIBER GRO		ATE FEES FOR EAC		SUBSCRIBER GROU	IP	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
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iloss Receipts Filst	Jioup	\$	0.00	Gloss Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRE	SEVENTH	SUBSCRIBER GRO) ID	ONE HUND	RED EIGHTH	SUBSCRIBER GROU	ID .	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
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	·	\$			·	\$	_	

	61739					E SYSTEM: ARKLIGHT		CABLE ONE, INC.
				TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	ED TENTH	ONE HUNDR	JP 0	SUBSCRIBER GROU	ED NINTH	ONE HUNDRI COMMUNITY/ AREA
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
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	P	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	JP	SUBSCRIBER GROU	LEVENTH	ONE HUNDRED E
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EGAL NAME OF OWNER CABLE ONE, INC. d							61739	Name
				ATE FEES FOR EAC				
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GROU				I SUBSCRIBER GROU		9
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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	
	du	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Gross Receipts First Gro	r	•						
Gross Receipts First Gro	· -	·		·				
		\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	up	\$	0.00	Base Rate Fee Seco		\$ I SUBSCRIBER GROU		
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ONE HUNDRED FIFT	TEENTH	\$ SUBSCRIBER GROU	0.00 JP	Base Rate Fee Seco ONE HUNDRED COMMUNITY/ AREA	SIXTEENTH	I SUBSCRIBER GROU	JP 0	
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ONE HUNDRED FIF	DSE	\$ SUBSCRIBER GROU	0.00 JP O DSE	Base Rate Fee Second ONE HUNDRED COMMUNITY/ AREA	DSE	I SUBSCRIBER GROU	JP 0 DSE	
ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	0.00 JP	Base Rate Fee Second ONE HUNDRED COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE 0.00	
ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE Oup	SUBSCRIBER GROU	0.00 JP	Base Rate Fee Second ONE HUNDRED COMMUNITY/ AREA CALL SIGN	DSE DSE	CALL SIGN	DSE 0.00	

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COMMUNITY/ AREA	,	ODDOG NIDEN ON O	0	COMMUNITY/ AREA		- CODOCHIDER CROOL	0	9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
						·		
ase Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
				II.	•			
ONE HUNDRED N	IINTEENTH	SUBSCRIBER GRO)UP	ONE HUNDRED		SUBSCRIBER GROU	JP	
	IINTEENTH	SUBSCRIBER GRO	OUP 0	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP 0	
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OMMUNITY/ AREA	DSE	SUBSCRIBER GRO			TWENTIETH	SUBSCRIBER GROU		
OMMUNITY/ AREA			0	COMMUNITY/ AREA	TWENTIETH		0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	TWENTIETH		0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	TWENTIETH		0	
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OMMUNITY/ AREA			0	COMMUNITY/ AREA	TWENTIETH		0	
CALL SIGN			0	COMMUNITY/ AREA	TWENTIETH		0	
CALL SIGN CALL SIGN otal DSEs	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA	TWENTIETH A DSE	CALL SIGN	0 DSE	
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CABLE ONE, INC. o			•			S	61739	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	ITY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-SECONE	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
			<mark></mark>		<u>.</u>			and
								Syndicated
			<mark></mark>		·····			Exclusivity
								Surcharge for
			···		·····			Partially
								Distant
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		-	•					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	NTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u> </u>							
Total DSEs	•		0.00	Total DSEs	!		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	s shown in the boxes at	oove.	\$		

/a SPARKLIGHT 61	1739 Name
CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
FIFTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP	<u> </u>
O COMMUNITY/ AREA	0 Computati
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DS	DSE of
	Base Rate
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\$ 0.00 Base Rate Fee Second Group \$ 0.0	0.00
VENTU CURCORIRED CROUD	
/ENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP	
O COMMUNITY/ AREA	0
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COMMUNITY/ AREA SE CALL SIGN DSE CALL SIGN DS	DSE
COMMUNITY/ AREA SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DS CALL SIGN DSE CALL SIGN	DSE
COMMUNITY/ AREA SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DS CALL SIGN DSE CALL SIGN	DSE

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DS	0 9 Computation OSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations
ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA	Computation OSE of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant Stations
CALL SIGN DSE CA	Computation OSE of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant Stations
CALL SIGN DSE CA	Computation OSE of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant Stations
Total DSEs	DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	and Syndicated Exclusivity Surcharge for Partially Distant Stations
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	Syndicated Exclusivity Surcharge for Partially Distant Stations
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	Exclusivity Surcharge for Partially Distant Stations
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	Surcharge for Partially Distant Stations
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	for Partially Distant Stations
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	Partially Distant Stations
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	Stations .00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	.00
ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA	
ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA	<u> </u>
COMMUNITY/ AREA COMMUNITY/ AREA	.00
CALL SIGN DSE CALL SIGN DSE CALL SIGN D	0
	OSE
Total DSEs Total DSEs	.00
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.	.00
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	1.1
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$.00

CABLE ONE, INC			•			S	61739	Name
				TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
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								Distant
								Stations
			<u></u>					
			····					
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	
ONE HUNDRED TH	IRTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	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	the base rate	e fees for each subso	criber group :	as shown in the boxes	above			
Enter here and in bloo			. 5.557	25,100		\$		

ABLE ONE, INC. d/b/a SP	E SYSTEM: ARKLIGHT				<u> </u>	61739	Name
			ATE FEES FOR EAC				
NE HUNDRED THIRTY-SEVENTH DMMUNITY/ AREA	SUBSCRIBER GROUP	0	ONE HUNDRED TH		SUBSCRIBER GROUP	0	9
JWIMUNITY AREA			COMMUNITY AREA				Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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							and Syndicate
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tal DSEs		0.00	Total DSEs			0.00	
oss Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
1					·		
se Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NE HUNDRED THIRTY-NINTH	STIDSCOIDED COOL	ID.	ONE LUNDRE				
	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	
DMMUNITY/ AREA	SUBSCRIBER GROU	0	COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	
	CALL SIGN		11		CALL SIGN		
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
DMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
DMMUNITY/ AREA CALL SIGN DSE		DSE	COMMUNITY/ AREA			DSE	
DMMUNITY/ AREA CALL SIGN DSE Stal DSEs	CALL SIGN	0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
DMMUNITY/ AREA CALL SIGN DSE		DSE	COMMUNITY/ AREA	DSE		DSE	

LEGAL NAME OF OWNE						S	61739	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED FO	RTY-FIRST	SUBSCRIBER GROUP	0	ONE HUNDRED FOR COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROUP	0	9
COMMUNITY AREA				COMMUNITY AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u>_</u>			Base Rate Fee
					<u>.</u>			and Syndicated
					<u>.</u>			Exclusivity
								Surcharge
					<u>.</u>			for
								Partially
	····				<u>.</u>			Distant Stations
	<u> </u>				<u>.</u>			
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FO	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>.</u>			
	···				<u> </u>			
					<u>.</u>			
	-							
					ļ			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			ber group a	as shown in the boxes at	oove.	\$		

CABLE ONE, INC. (E SYSTEM: ARKLIGHT				\$	61739	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FOR	RTY-FIFTH	SUBSCRIBER GROU	-	ONE HUNDRED F	ORTY-SIXTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
								and
								Syndicate
								Exclusivit
								Surcharg
								for
								Partially
								Distant
								Stations
					<u></u>			
			····					
			····					
			····		···			
Fatal DOF			0.00	Total DCF-		H	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
Dana Bata Fan First Or			0.00	Base Bete Fee Consu	d C		0.00	
Base Rate Fee First Gro	oup	[3	0.00	Base Rate Fee Secon	ia Group	\$	0.00	
				+				
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROU	5	ONE HUNDRED FOR	RTY-EIGHTH	SUBSCRIBER GROUP)	
	SEVENTH	SUBSCRIBER GROUI	0	ONE HUNDRED FOR COMMUNITY/ AREA	RTY-EIGHTH	SUBSCRIBER GROUP	0	
	DSE	SUBSCRIBER GROUI CALL SIGN		ii e	DSE	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN			DSE	CALL SIGN			DSE	
CALL SIGN CALL SIGN Fotal DSEs	DSE	CALL SIGN	0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
COMMUNITY/ AREA	DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
CALL SIGN CALL SIGN Fotal DSEs	DSE	CALL SIGN	0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE STORY	CALL SIGN	0.00	
CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third Gr	DSE	CALL SIGN	0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	DSE STORY	\$	0.00 0.00	

LEGAL NAME OF OWI			-			•	61739	Name
				TE FEES FOR EAC				<u> </u>
ONE HUNDRED FO	ORTY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDF	ED FIFTIETH	SUBSCRIBER GROU	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
				-				for
				-				Partially Distant
			·····	-				Stations
							······	Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	FIFTY-FIRST	SUBSCRIBER GRO)UP	ONE HUNDRED FI	TY-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I 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	
Total DSEs Gross Receipts Third Base Rate Fee Third Base Rate Fee: Add Enter here and in blo	Group	e fees for each subs	0.00	Gross Receipts Fou	rth Group		0.00	

LEGAL NAME OF OWNE						;	SYSTEM ID#	Name
CABLE ONE, INC.							61739	
				TE FEES FOR EAC			up.	
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO		†		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.22 0.011	202	07.22 0.0.1	332	07.22 0.0.1	1 2 3 2	0.1201011	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
			<u></u>					Stations
				-			······	
			<u></u>					
	-							
								
	-							
Total DSEs			0.00	Total DSEs			0.00	
					d C	•		
Gross Receipts First G	oup	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
			····				······································	
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	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.	\$		

	DI COLLA	ARKLIGHT	VE DAOE 5	ATE EEEO EOO E : 1	NI 0110000	IDED ODOLID	61739	
ONE HUNDRED EIE		SUBSCRIBER GROU		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROUF)	
COMMUNITY/ AREA		SOBSCINDEN GIVOS	0	COMMUNITY/ ARE		1 30B3CKBER GROOT	0	9
ONIMONITY / AREA				COMMONT IT TO TAKE				Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv
								Surchar
								for Partiall
								Distan
			••••					Station
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•		·		· ·	·	·		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-NINTH	SUBSCRIBER GRO)UP	ONE HUNDR	ED SIXTIETH	I SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Ą		0	
CALL CION								
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN			DSE	CALL SIGN		
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
otal DSEs		CALL SIGN				CALL SIGN		
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs	Group		0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
otal DSEs	Group		0.00	Total DSEs	rth Group		0.00	

FORM SA3E. PAGE 20 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 61739 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

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 61739 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. FIFTH SUBSCRIBER GROUP 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 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 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

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 61739 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

FORM SA3E. PAGE 20 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 61739 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 61739 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

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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 61739 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-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH 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-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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