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 |                      |  |  |  |  |  |  |
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| 2/24/21                       | \$ ALLOCATION NUMBER |  |  |  |  |  |  |
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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<br>Period | 2020/2   |  |                                     |               |          |
| B                    | 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 the conduction of the counting period, only the owner as single statement of account and royalty fee payment covering the entire accounting the conduction of the cable system. If not, enter the system's ID. | es of the cable system<br>on the last day of the<br>unting period. | m.<br>e accounting period should su |               | 63096    |
|                      | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |  |                                     |               |          |
|                      | Southwestern Bell Telephone Company  |  |                                     |               |          |
|                      |  |  |                                     | 63096         | 320202   |
|                      |  |  |                                     | 63096         | 2020/2   |
|                      | 2260 E Imperial Hwy Room 839<br>El Segundo, CA 90245   |  |                                     |               |          |
| 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  | t the system, if dif   | ferent from the address giv         | en in space   | ; B.     |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM:  |  |                                     |               |          |
|                      | MAILING ADDRESS OF CABLE SYSTEM:   |  |                                     |               |          |
|                      | 2 (Number, street, rural route, apartment, or suite number)  |  |                                     |               |          |
|                      | (City, town, state, zip code)  |  |                                     |               |          |
| D                    | Instructions: For complete space D instructions, see page 1b. Identify   | only the frst com  | munity served below and re          | elist on page | <br>e 1b |
| Area                 | with all communities.  | •  | •                                   | . 0           |          |
| Served               | CITY OR TOWN   | STATE  |                                     |               |          |
| First                | Odessa   | TX   |                                     |               |          |
| Community            | Below is a sample for reporting communities if you report multiple cha   | annel line-ups in S  | Space G.                            |               |          |
|                      | CITY OR TOWN (SAMPLE)  | STATE  | CH LINE UP                          | -             | GRP#     |
| Sample               | Alda   | MD   | Α                                   |               | 1        |
| -                    | Alliance   | MD   | В                                   |               | 2        |
|                      | Gering   | MD   | В                                   |               | 3        |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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# |                        |  |  |  |  |  |
| Southwestern Bell Telephone Company   |                   |                    | 63096      |                        |  |  |  |  |  |
| 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 fillings. |                   |                    |            |                        |  |  |  |  |  |
| <b>Note:</b> 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., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each releasingnated by a number (based on your reporting from Part 9).   | column blank. If  | you report any sta | tions      |                        |  |  |  |  |  |
| When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by   | a subscriber grou |                    |            |                        |  |  |  |  |  |
| CITY OR TOWN  | STATE             | CH LINE UP         | SUB GRP#   | 1                      |  |  |  |  |  |
| Odessa  | TX                |                    |            | First                  |  |  |  |  |  |
| Ector Unincorporated County   | TX                |                    |            | Community              |  |  |  |  |  |
| Midland   | TX                |                    |            |                        |  |  |  |  |  |
| Midland Unincorporated County   | TX                |                    |            |                        |  |  |  |  |  |
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|   |                   |                    |            | See instructions for   |  |  |  |  |  |
|   |                   |                    |            | additional information |  |  |  |  |  |
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63096

## Southwestern Bell Telephone Company

Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BL                           | OCK 1                 |          |       | BLO                    | CK 2                  |             |     |
|------------------------------|-----------------------|----------|-------|------------------------|-----------------------|-------------|-----|
| CATEGORY OF SERVICE          | NO. OF<br>SUBSCRIBERS |          | RATE  | CATEGORY OF SERVICE    | NO. OF<br>SUBSCRIBERS | RATE        | :   |
| Residential:                 | SUBSCRIBERS           | $\vdash$ | IXAIL | CATEGORY OF SERVICE    | SUBSCRIBERS           | IVATE       |     |
| Service to first set         | 3,166                 | \$       | 19.00 | HD Tech Fee            | 2,220                 | \$ 10.      | .00 |
| Service to additional set(s) |                       | ļ        |       | Set-Top Box            | 3,221                 | \$0-\$      | 15  |
| •FM radio (if separate rate) |                       | 1        |       | Broadcast TV Surcharge | 3,166                 | \$8.99-\$9. | .99 |
| Motel, hotel                 |                       |          |       |                        |                       |             |     |
| Commercial                   | 55                    | \$       | 20.00 |                        |                       |             |     |
| Converter                    |                       |          |       |                        |                       |             |     |
| Residential                  |                       |          |       |                        |                       |             |     |
| Non-residential              |                       | ļ        |       |                        |                       |             |     |
| 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       |                               | BLOCK 2  |                        |            |
|------------------------------|-----------|-------------------------------|----------|------------------------|------------|
| CATEGORY OF SERVICE          | RATE      | CATEGORY OF SERVICE           | RATE     | CATEGORY OF SERVICE    | RATE       |
| Continuing Services:         |           | Installation: Non-residential |          |                        |            |
| • Pay cable                  |           | Motel, hotel                  |          | Video on Demand        | \$0-\$100  |
| Pay cable—add'l channel      | \$5-\$199 | Commercial                    |          | Service Activation Fee | \$0-\$35   |
| Fire protection              |           | • Pay cable                   |          | Credit Management Fee  | \$0-\$449  |
| •Burglar protection          |           | Pay cable-add'l channel       |          | Dispatch on Demand     | \$99       |
| Installation: Residential    |           | Fire protection               |          | Wireless Receiver      | \$0 - \$49 |
| • First set                  | \$0-\$199 | Burglar protection            |          | HD Premium Tier        | \$10       |
| Additional set(s)            |           | Other services:               |          | DVR Upgrade Fee        | \$105      |
| •FM radio (if separate rate) |           | • Reconnect                   | \$0-\$35 | Vacation Hold          | \$7        |
| Converter                    |           | Disconnect                    |          | Program Downgrade Fee  | \$ 5.00    |
|                              |           | Outlet relocation             | \$0-\$55 | Non-Return Eqpt Fee    | \$0-\$150  |
|                              |           | Move to new address           |          |                        |            |
|                              |           |                               |          |                        |            |

| LEGAL NAME OF OWN                                 | ER OF CABLE SY                      | STEM:                            |                                 |                          | SYSTEM ID#   |  |
|---|-------------------------------------|----------------------------------|---------------------------------|--------------------------|--|--|
| Southwestern I                                    | Bell Telepho                        | ne Compa                         | any                             |                          | 63096  | Name                                       |
| PRIMARY TRANSMITTE                                | RS: TELEVISIO                       | N                                |                                 |                          |  |  |
| carried by your cable s                           | ystem during th                     | ne accounting                    | period, except                  | (1) stations carrie      | s and low power television stations) ed only on a part-time basis under                                    | G  |
| 76.59(d)(2) and (4), 76 substitute program bas    | .61(e)(2) and (<br>sis, as explaine | 4), or 76.63 (r<br>d in the next | eferring to 76.6°<br>paragraph. | 1(e)(2) and (4))]; a     | tain network programs [sections and (2) certain stations carried on a cable system on a substitute program | Primary<br>Transmitters:<br>Television     |
| basis under specifc FC  • Do not list the station |                                     |                                  |                                 | e Special Statem         | ent and Program Log)—if the  |  |
| station was carried                               | only on a subs                      | titute basis.                    |                                 | ·                        | g  |  |
|   | formation conc                      |                                  |                                 |                          | itute basis and also on some other of the general instructions located                                     |  |
|   |                                     | -                                |                                 |                          | es such as HBO, ESPN, etc. Identify<br>ation. For example, report multi-                                   |  |
|   |                                     |                                  | •                               | •                        | th stream separately; for example  |  |
| Column 2: Give the                                |                                     |                                  | ~                               |                          | tion for broadcasting over-the-air in  |  |
| on which your cable sy                            | stem carried th                     | e station.                       |                                 |                          | may be different from the channel  |  |
|   |                                     |                                  |                                 |                          | ependent station, or a noncommercial cast), "I" (for independent), "I-M"                                   |  |
| (for independent multic<br>For the meaning of the | ,                                   |                                  | , .                             | `                        | ommercial educational multicast).<br>he paper SA3 form.  |  |
| 1   | ation is outside                    | the local serv                   | vice area, (i.e. "d             | distant"), enter "Ye     | es". If not, enter "No". For an ex-  |  |
| Column 5: If you ha                               | ave entered "Ye                     | es" in column                    | 4, you must cor                 | mplete column 5,         | stating the basis on which your  |  |
| carried the distant stati                         | on on a part-tir                    | ne basis beca                    | ause of lack of a               | ctivated channel         |  |  |
|   |                                     |                                  |                                 |                          | y payment because it is the subject<br>stem or an association representing                                 |  |
| 1   |                                     |                                  | -                               |                          | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further                                 |  |
| explanation of these th                           | ree categories                      | , see page (v                    | ) of the general i              | instructions locate      | ed in the paper SA3 form.  |  |
|   |                                     |                                  |                                 |                          | y to which the station is licensed by the n which the station is identifed.                                |  |
| Note: If you are utilizin                         | g multiple char                     | nnel line-ups,                   | use a separate                  | space G for each         | channel line-up.   |  |
|   |                                     | CHANN                            | EL LINE-UP                      | AA                       |  |  |
| 1. CALL   | 2. B'CAST                           | 3. TYPE                          | 4. DISTANT?                     | 5. BASIS OF              | 6. LOCATION OF STATION   |  |
| SIGN  | CHANNEL<br>NUMBER                   | OF<br>STATION                    | (Yes or No)                     | CARRIAGE<br>(If Distant) |  |  |
| KCWO/KCWOHD                                       | 4/1004                              | ı                                | No                              |                          | Big Spring, TX   |  |
| KMID/KMIDHD                                       | 2/1002                              | N                                | No                              |                          | Midland, TX  | See instructions for                       |
| KMLM  | 42                                  | I                                | No                              |                          | Odessa, TX   | additional information on alphabetization. |
| KOSA/KOSAHD                                       | 7/1007                              | N<br>_                           | No                              |                          | Odessa, TX   |  |
| KPBT/KPBTHD                                       | 36/1036                             | E .                              | No<br>No                        |                          | Odessa, TX   |  |
| KPEJ/KPEJHD<br>KTLE-LP                            | 24/1024                             | I                                | No<br>No                        |                          | Odessa, TX   | -  |
| KUPB/KUPBHD                                       | 20<br>18/1018                       | l<br>I                           | No<br>No                        |                          | Odessa, TX<br>Midland, TX  | -  |
| KWES/KWESHD                                       | 9/1009                              | N                                | No                              |                          | Odessa, TX   | "  |
| KWWT  | 30                                  | I                                | No                              |                          | Odessa, TX   |  |
|   |                                     |                                  |                                 |                          |  | ]  |
|   |                                     |                                  |                                 |                          |  |  |
|   |                                     |                                  |                                 |                          |  |  |
|   |                                     |                                  |                                 |                          |  |  |
|   | <u> </u>                            | <u> </u>                         |                                 |                          |  |  |
|   |                                     |                                  |                                 |                          |  | -  |
|   |                                     |                                  |                                 |                          |  |  |

| IER OF CABLE SY  | STEM:  |  |  | SYSTEM ID#  |   |
|--|--|--|--|---|---|
| Bell Telepho   | ne Compa   | any  |  | 63096   | Name  |
| RS: TELEVISIO  | N  |  |  |   |   |
| ystem during the cons in effect or i.61(e)(2) and (sis, as explaine stations: With CC rules, regular   | ne accounting<br>n June 24, 19<br>4), or 76.63 (i<br>d in the next<br>respect to any<br>ations, or auth  | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>y distant stations<br>norizations:   | (1) stations carrie<br>ne carriage of certa<br>1(e)(2) and (4))]; a<br>s carried by your c   | d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program  | G<br>Primary<br>Transmitters:<br>Television   |
| only on a subs and also in spa formation concern. In the station's call associated with a second case of the station is outside the cast), "E" (for not see terms, see part of a distant station on a part-time in the cast of a distant station of a distant entered into on a primary transistimulcasts, also included canadian station of each canadian station of each canadian station of each canadian station of each canadian station in span in the cast of each canadian station of each canadian station of each canadian station in the station of each canadian station in the station of each canadian station in the station i | titute basis.  Ince I, if the state erning substitute sign. Do not the station active streams must be the station.  In a station active streams must be the FCC has station.  In a station active streams must be station.  In a station active station.  In a station active station active station.  In a station active station active station active station.  In a station active station active station.  In a see page (v) ch station. For sa, if any, given in substitute station.   | ation was carried tute basis station report origination cording to its over the reported in th | d both on a substitute, see page (v) of the program service er-the-air designation of the television statistical program, p.C. This bork station, an indefer network multicute for "E-M" (for nencettions located in the properties of the program of  | tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinaterial stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. If not, enter "No". For an example example "LAC" if your cable system capacity. If a payment because it is the subject stem or an association representing the paper SA3 form. It is the subject stem or an association representing the pasis, enter "O." For a further and in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form. It is the subject in the paper SA3 form.  |   |
|  | • •  | •  | •  | опаппетине-ир.  |   |
| 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |   |
|  |  |  |  |   |   |
|  | Bell Telepho ERS: TELEVISIO G, identify every system during the ions in effect or 6.61(e)(2) and (a sis, as explaine Stations: With a CC rules, regular in here in space only on a subsition and also in space formation concorrum. The station's call associated with A-2". Simulcast the channel number of the concorrum the in each case way entering the left cast), "E" (for not each case), "e" (for n | G. identify every television staystem during the accounting ions in effect on June 24, 19 (6.61(e)(2) and (4), or 76.63 (isis, as explained in the next stations: With respect to any CC rules, regulations, or auth there in space G—but do lisonly on a substitute basis. and also in space I, if the stationment of the station concerning substitute that it is station is call sign. Do not associated with a station act. A-2". Simulcast streams mus are channel number the FCC is se. For example, WRC is Chaystem carried the station. In each case whether the say the entering the letter "N" (for noast), "E" (for noncommercial ese terms, see page (v) of the avenered "Yes" in column the distant station during the cition on a part-time basis becausion of a distant multicast stratement in the station of a distant multicast stratement in the station of a distant multicast stratement in the categories, see page (v) of the avenered into on or before Julia primary transmitter or an assimulcasts, also enter "E". If the categories, see page (v) of the incree categories, see page (v) of the are categories, see page (v) of the location of each station. For Canadian stations, if any, giving multiple channel line-ups, CHANNEL OF  | ERS: TELEVISION  G, identify every television station (including system during the accounting period, except ions in effect on June 24, 1981, permitting the 3.61(e)(2) and (4), or 76.63 (referring to 76.6 sis, as explained in the next paragraph.  Stations: With respect to any distant stations: Or rules, regulations, or authorizations: In here in space G—but do list it in space I (through on a substitute basis.  And also in space I, if the station was carried information concerning substitute basis station according to its own.  Chart station's call sign. Do not report origination associated with a station according to its own.  Chart station's call sign. Do not report origination associated with a station according to its own.  Chart example, WRC is Channel 4 in Wash ystem carried the station.  In each case whether the station is a network entering the letter "N" (for network), "N-M" (cast), "E" (for noncommercial educational), each cream, see page (v) of the general instruct ave entered "Yes" in column 4, you must conhect its on a part-time basis because of lack of a sit on of a distant multicast stream that is not sit entered into on or before June 30, 2009, be a primary transmitter or an association repressimulcasts, also enter "E". If you carried the local service area, i.e. "canadian stations, if any, give the name of the more categories, see page (v) of the general instruct and the categories, see page (v) of the general instruct and the primary transmitter or an association repressimulcasts, also enter "E". If you carried the local service area see location of each station. For U.S. stations, Canadian stations, if any, give the name of the general instruct and interest and the line-ups, use a separate channel lin | ERS: TELEVISION  G, identify every television station (including translator stations system during the accounting period, except (1) stations carrier ions in effect on June 24, 1981, permitting the carriage of certs 6.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; a sis, as explained in the next paragraph.  Stations: With respect to any distant stations carried by your of CC rules, regulations, or authorizations: In here in space G—but do list it in space I (the Special Statement) only on a substitute basis.  and also in space I, if the station was carried both on a substitute only on a substitute basis stations, see page (v) of the station's call sign. Do not report origination program service associated with a station according to its over-the-air designal A-2". Simulcast streams must be reported in column 1 (list each echannel number the FCC has assigned to the television state as echannel number the FCC has assigned to the television state as echannel number the station.  For example, WRC is Channel 4 in Washington, D.C. This system carried the station.  For example, wrc is Channel 4 in Washington, D.C. This are example, wrc is channel 4 in Washington, D.C. This system carried the station.  For example, wrc is Channel 4 in Washington, D.C. This are example, wrc is channel 4 in Washington, D.C. This are example, wrc is considered in the station is a network station, an index of entering the letter "N" (for network), "N-M" (for network multicast), "E" (for noncommercial educational), or "E-M" (for | Bell Telephone Company  3, identify every television station (including translator stations and low power television stations) system during the accounting period, except (1) stations carried only on a part-time basis under ions in effect on June 24, 1981, permitting the carriage of certain network programs [sections io.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a sis, as explained in the next paragraph.  Stations: With respect to any distant stations carried by your cable system on a substitute program Stations: With respect to any distant stations carried by your cable system on a substitute program Corules, regulations, or authorizations:  There in space G—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis.  and also in space I, if the station was carried both on a substitute basis and also on some other information concerning substitute basis stations, see page (v) of the general instructions located orm.  The station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-x-2." Simulcast streams must be reported in column 1 (list each stream separately; for example etchannel number the FCC has assigned to the television station for broadcasting over-the-air in se. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel statem carried the station.  The station is outside the station is a network station, an independent station, or a noncommercial eventering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" cast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), see terms, see page (v) of the general instructions located in the paper SA3 form.  The see terms, see page (v) of the general instructions located in the paper SA3 form.  The seed of the general instructions |

|  | AL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#      |  |  |  |  |  |  |  |
|--|---|-----------------|--|--|--|--|--|--|--|
| l  | uthwestern Bell Telephone Company   | 63096           | Name   |  |  |  |  |  |  |
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross receipts) |   |                 |  |  |  |  |  |  |  |
| • Con • Con • If you fee • If you accompany  | YRIGHT ROYALTY FEE Juctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. In sour system did not carry any distant television stations, leave block 3 blank. Enter the amount of the from block 1 on line 1 of block 4, and calculate the total royalty fee. In sour system did carry any distant television stations, you must complete the applicable parts of the leading to the system of the system and attach the schedule to your statement of account. | DSE Schedule    | L<br>Copyright<br>Royalty Fee                        |  |  |  |  |  |  |
| bloc   | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered ock 3 below.   |                 |  |  |  |  |  |  |  |
| 3 be   | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on elow.   |                 |  |  |  |  |  |  |  |
| ļ- ·   | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be ente<br>block 4 below.  | ered on line    |  |  |  |  |  |  |  |
| Block<br>1   | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are requileast the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 psystem's gross receipts for the accounting period.  |                 |  |  |  |  |  |  |  |
|  | Line 2. Multiply the amount in line 1 by 0.01064  | \$ 1,423,752.65 |  |  |  |  |  |  |  |
|  | Enter the result here.  This is your minimum fee.   | 15,148.73       |  |  |  |  |  |  |  |
| Block<br>2   | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the informatic space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you n "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  Yes—Complete the DSE schedule.  x No—Leave block 3 below blank and complete li   | nust check      |  |  |  |  |  |  |  |
| Block<br>3   | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  | \$ -            |  |  |  |  |  |  |  |
|  | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero  | 0.00            |  |  |  |  |  |  |  |
|  | Line 3. Add lines 1 and 2 and enter here \$   | -               |  |  |  |  |  |  |  |
| Block<br>4   |   | \$ 15,148.73    | Cable systems<br>submitting                          |  |  |  |  |  |  |
|  | (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.   | 0.00            | additional<br>deposits under                         |  |  |  |  |  |  |
|  | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)  | 0.00            | Section 111(d)(7)<br>should contact<br>the Licensing |  |  |  |  |  |  |
|  | Line 4. FILING FEE  | \$ 725.00       | additional fees. Division for the appropriate        |  |  |  |  |  |  |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here  | 15,873.73       | form for submitting the                              |  |  |  |  |  |  |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page general instructions located in the paper SA3 form for more information.)  | ,               | additional fees.                                     |  |  |  |  |  |  |

ACCOUNTING PERIOD: 2020/2
FORM SA3E\_PAGE 8

|   |  | FORM SA3E. PAGE 8.  |
|---|--|---------------------|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Southwestern Bell Telephone Company  | SYSTEM ID#<br>63096 |
| M<br>Channels                                     | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast static to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations | 17                  |
|   | and nonbroadcast services  | 600                 |
| N<br>Individual to<br>Be Contacted<br>for Further | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  Name Myriam Nassif Telephone 310-   | 964-1930            |
| Information                                       | Address 2260 E Imperial Hwy Room 839   |                     |
|   | (Number, street, rural route, apartment, or suite number)  |                     |
|   | El Segundo, CA 90245 (City, town, state, zip)  |                     |
|   | Email mn112s@att.com Fax (optional)  |                     |
|   | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulation  | s.)                 |
| O<br>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 system in line 1 of space B and that the owner is not a corporation or partnership; or   | as identified       |
|   | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of t in line 1 of space B.   | he cable system     |
|   | 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)]   | 1                   |
|   | /s/ Michael Santogrossi  |                     |
|   | Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility s   |                     |
|   | Typed or printed name: Michael Santogrossi   |                     |
|   | Title: Vice President – Finance (Title of official position held in corporation or partnership)  |                     |
|   | Date: February 24, 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 sufficiency of the fling, a determination that would be made by a court of law.

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#                    | Name  |
|---|-------------------------------|---|
| Southwestern Bell Telephone Company   | 63096                         | Name  |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusion scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below | sic<br>de sub-<br>19."<br>the | Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| Name Mailing Address Mailing Address Mailing Address  |                               |   |
| INTEREST ASSESSMENTS  |                               |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayor an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | yment.                        | Q   |
| Line 1 Enter the amount of late payment or underpayment   |                               | Interest<br>Assessment  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   | <b>-</b><br>days              |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  | <b>-</b><br>274               |   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)  | harge)                        |   |
| * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  | please                        |   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  |                               |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the of filing.  | riginal                       |   |
| 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:

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

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

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

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

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

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

### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

#### DSE SCHEDULE, PAGE 11.

# 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.

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

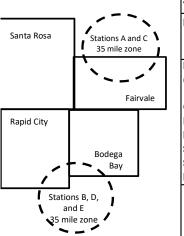
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE:**

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6 384.00

|                              |              | ψ0,304.00                   |              |                             |              |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
| First Subscriber Group       |              | Second Subscriber Group     |              | Third Subscriber Group      |              |
| (Santa Rosa)                 |              | (Rapid City and Bodega Bay) |              | (Fairvale)                  |              |
| Gross receipts               | \$310,000.00 | Gross receipts              | \$170,000.00 | Gross receipts              | \$120,000.00 |
| DSEs                         | 2.472        | DSEs                        | 1.083        | DSEs                        | 1.389        |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |
| \$310,000 x .01064 x 1.0 =   | 3,298.40     | \$170,000 x .01064 x 1.0 =  | 1,808.80     | \$120,000 x .01064 x 1.0 =  | 1,276.80     |
| \$310,000 x .00701 x 1.472 = | 3,198.80     | \$170,000 x .00701 x .083 = | 98.91        | \$120,000 x .00701 x .389 = | 327.23       |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |

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

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

| 1                    | LEGAL NAME OF OWNER OF CABL                            |                      | anv                               |                   | 31                       | *STEM ID<br>63096 |  |  |  |  |  |  |  |
|----------------------|--|----------------------|-----------------------------------|-------------------|--------------------------|-------------------|--|--|--|--|--|--|--|
|                      | Southwestern Bell Tele                                 |                      |                                   |                   |                          | 03090             |  |  |  |  |  |  |  |
|                      | SUM OF DSEs OF CATEGOR  • Add the DSEs of each station |                      | NS:                               |                   |                          |                   |  |  |  |  |  |  |  |
|                      | Enter the sum here and in line                         |                      | s schedule.                       |                   | 0.00                     |                   |  |  |  |  |  |  |  |
|                      |  | . от ранго от шт     |                                   | Ŀ                 |                          |                   |  |  |  |  |  |  |  |
| 2                    | Instructions:<br>In the column headed "Call S          | Sian": list the ca   | ll signs of all distant stations  | identified by the | e letter "∩" in column 5 |                   |  |  |  |  |  |  |  |
| _                    | of space G (page 3).                                   | Jigii . list tile ca | ii sigiis oi ali distant stations | identified by the | e letter O III columii 3 |                   |  |  |  |  |  |  |  |
| Computation          | In the column headed "DSE"                             |                      |                                   | as "1.0"; for ea  | ach network or noncom-   |                   |  |  |  |  |  |  |  |
| of DSEs for          | mercial educational station, give the DSE as ".25."    |                      |                                   |                   |                          |                   |  |  |  |  |  |  |  |
| Category "O"         | CALL CICAL   | I DOE                | CATEGORY "O" STATIOI              |                   | CALL CION                | DOE               |  |  |  |  |  |  |  |
| Stations             | CALL SIGN  | DSE                  | CALL SIGN                         | DSE               | CALL SIGN                | DSE               |  |  |  |  |  |  |  |
|                      |  |                      |                                   |                   |                          |                   |  |  |  |  |  |  |  |
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|                      |  |                      |                                   |                   |                          |                   |  |  |  |  |  |  |  |
| Add rows as          |  |                      |                                   | -                 |                          |                   |  |  |  |  |  |  |  |
| ecessary.            |  |                      |                                   | <b></b>           |                          |                   |  |  |  |  |  |  |  |
| Remember to copy all |  |                      |                                   | <b></b>           |                          |                   |  |  |  |  |  |  |  |
| ormula into new      |  |                      |                                   |                   |                          |                   |  |  |  |  |  |  |  |
| ows.                 |  |                      |                                   |                   |                          |                   |  |  |  |  |  |  |  |
|                      |  |                      |                                   |                   |                          |                   |  |  |  |  |  |  |  |
|                      |  |                      |                                   | <u> </u>          |                          |                   |  |  |  |  |  |  |  |
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|                      |  |                      |                                   |                   |                          |                   |  |  |  |  |  |  |  |
|                      |  |                      |                                   | <u> </u>          |                          |                   |  |  |  |  |  |  |  |
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|                      |  | <u>.</u>             |                                   |                   |                          |                   |  |  |  |  |  |  |  |
|                      |  | <u>.</u>             |                                   |                   |                          |                   |  |  |  |  |  |  |  |
|                      |  |                      |                                   | <u> </u>          |                          |                   |  |  |  |  |  |  |  |
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|                      |  |                      |                                   |                   |                          |                   |  |  |  |  |  |  |  |
|                      |  | <u>.</u>             |                                   | <u> </u>          |                          |                   |  |  |  |  |  |  |  |
|                      |  |                      |                                   |                   |                          |                   |  |  |  |  |  |  |  |
|                      |  |                      |                                   | <u> </u>          |                          |                   |  |  |  |  |  |  |  |
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| M  | LEGAL NAME OF C  | WNER OF CABLE SYSTEM:  |  |   |   |   |   | S                            | YSTEM ID# |
|--|--|--|--|---|---|---|---|------------------------------|-----------|
| Name   | Southwester  | n Bell Telephone Co  | mpany  |   |   |   |   |                              | 63096     |
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity | figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.  CATEGORY LAC STATIONS: COMPUTATION OF DSEs |  |  |   |   |   |   |                              | -         |
|  | 1. CALL<br>SIGN  | 2. NUMBE<br>OF HOU<br>CARRIE<br>SYSTEI   | JRS<br>ED BY   | 3. NUMBER OF HOURS STATION ON AIR   | 4. BASIS OF<br>CARRIAG<br>VALUE   |   | i. TYPE<br>VALUE  | 6. DS                        |           |
|  |  |  | ÷  |   | =   | x   |   | =                            |           |
|  |  |  | ÷  |   | =   | x   |   | =                            |           |
|  |  |  | ÷  |   |   | X   |   |                              |           |
|  |  |  | -<br>+   |   |   | x<br>x  |   |                              |           |
|  |  |  | ÷  |   | =   | x   |   | =                            |           |
|  |  |  | ÷  |   | =   | x   |   | =                            |           |
|  |  |  | ÷  | :   | =   | х   |   | =                            |           |
|  | Add the DSEs   | OF CATEGORY LAC Soft each station.  m here and in line 2 of page 2.  |  | hedule,   |   |   | 0.00  |                              |           |
| Computation of DSEs for Substitute-Basis Stations  | Was carried tions in effe     Broadcast o space I).     Column 2: I at your option.     Column 3: I Column 4: I  | e the call sign of each start by your system in substant on October 19, 1976 (one or more live, nonnetwork of the care should correst of the care of the number of days Divide the figure in column of the station's DSE of the care of th | itution for a pro<br>as shown by the<br>ork programs de<br>number of live<br>spond with the<br>sin the calenda<br>an 2 by the figu | ogram that your system<br>ne letter "P" in column 7<br>uring that optional carria<br>e, nonnetwork programs<br>information in space I.<br>ar year: 365, except in a<br>ure in column 3, and giv | was permitted to<br>of space I); and<br>age (as shown by the<br>carried in substi-<br>a leap year.<br>the the result in co- | o delete under Fo<br>the word "Yes" in<br>itution for progra<br>lumn 4. Round t | CC rules and re column 2 of ams that were do no less than the | eleted<br>ne third           | ı).       |
|  |  | SL   | JBSTITUTE  | -BASIS STATION  | S: COMPUTA  | TION OF DS  | SEs   |                              |           |
|  | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBI<br>OF DAY<br>IN YEA   | rs  | 1. CALL<br>SIGN   | 2. NUMBE<br>OF<br>PROGE   |   | NUMBER<br>OF DAYS<br>IN YEAR | 4. DSE    |
|  |  |  | <del>:</del>   | =   |   |   | ÷   |                              | =         |
|  |  |  | <del>:</del><br><del>:</del>   |   |   |   | ÷<br>÷  |                              | =         |
|  |  |  | :<br>-   | =   |   |   | ÷   |                              | =         |
|  |  | -  | +  | =   |   |   | ÷   |                              | =         |
|  |  | -  | ÷  | =   |   |   | ÷   |                              | =         |
|  | Add the DSEs   | OF SUBSTITUTE-BASI<br>of each station.<br>m here and in line 3 of pa   |  |   |   |   | 0.00  |                              |           |
| 5  |  | R OF DSEs: Give the am applicable to your system   |  | boxes in parts 2, 3, and  | 4 of this schedule  | and add them to   | provide the tota  | ıl                           |           |
| Total Number   | 1. Number  | of DSEs from part 2 ●  |  |   |   | <b>-</b>  | 0.0   | 0                            |           |
| of DSEs  | 2. Number  | of DSEs from part 3 ●  |  |   |   | <u> </u>  | 0.0   | 0                            |           |
|  | 3. Number  | of DSEs from part 4 ●  |  |   |   | <b>•</b>  | 0.0   | 00                           |           |
|  | TOTAL NUMBE  | R OF DSEs  |  |   |   |   |   |                              | 0.00      |

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

| LEGAL NAME OF O                            |  |  | у  |   |   |   | S   | YSTEM ID#<br>63096      | Name  |
|--|--|--|--|---|---|---|---|-------------------------|---|
| In block A: • If your answer if 'schedule. | ck A must be comp "Yes," leave the re  | mainder of pa  | •  | of the DSE schedu   | ule blank and   | complete part 8   | 3, (page 16) of the   |                         | 6   |
| I your answer in                           | No, complete bloc  | CKS B and C  |  | TELEVISION MA   | ARKETS  |   |   |                         | Computation of                                      |
| effect on June 24, Yes—Com                 | List the call signs FCC rules and re instructions for th Satellite Televisio Enter the appropi (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfatherec instructions fo E Carried pursua *F A station pre | schedule—D C below.  BLO s of distant stagulations price DSE Scheon Extension riate letter includes and reguled pursuant to on as defined all educational distation (76.6 or DSE scheon TSE scheon TSE scheon to individuationally carried to individuat | CK B: CARR ations listed in port o June 25, 1 dule. (Note: The and Localism Addicating the bas lations cited be to the FCC mark I in 76.5(kk) (76, 1) station [76.59, 55) (see paragrule). I all waiver of FC do on a part-time. | ETE THE REMAIL  LIAGE OF PERM  Dart 2, 3, and 4 of ti 981. For further ex eletter M below ref act of 2010.) is on which you ca low pertain to those ket quota rules [76. 6.59(d)(1), 76.61(e) (c), 76.61(d), 76.63 aph regarding subs | MITTED DS his schedule t planation of p fers to an exer rried a permitt e in effect on c .57, 76.59(b), h(1), 76.63(a) t stitution of gra s prior to June | Es  hat your systemermitted stationmpt multicast sided station. June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 o 76.61(d)] indfathered station | n was permitted to<br>is, see the<br>tream as set forth<br>.63(a) referring to<br>61(e)(1)<br>ions in the | o carry under<br>in the | 3.75 Fee  |
| Column 3:                                  |  | each distant s<br>e stations ide   | station listed in<br>ntified by the le   | parts 2, 3, and 4 of tter "F" in column 2   |   |   | ksheet on page 14   | 4 of 3. DSE             |   |
| SIGN                                       | BASIS  | O. DOL   | SIGN   | BASIS   | 0. DOL  | SIGN  | BASIS   | O. DOL                  |   |
|  |  |  |  |   |   |   |   |                         |   |
|  |  |  |  |   |   |   |   |                         |   |
|  |  |  |  |   |   |   |   |                         |   |
|  |  |  |  |   |   |   |   |                         |   |
|  |  |  |  |   |   |   |   |                         |   |
|  |  |  |  |   |   |   |   | 0.00                    |   |
|  |  | -  | BLOCK C: CC  | MPUTATION OF  | 3.75 FEE  |   |   |                         |   |
| Line 1: Enter the                          | e total number of  | DSEs from  | part 5 of this s   | chedule   |   |   |   | -                       |   |
| Line 2: Enter the                          | sum of permitted   | d DSEs fron  | n block B abo  | /e  |   |   |   |                         |   |
|  | line 2 from line 1<br>eave lines 4–7 bl  |  |  | •   |   | ate.  |   | 0.00                    |   |
| Line 4: Enter gro                          | oss receipts from  | space K (pa  | age 7)   |   |   |   | x 0.03  | 375                     | Do any of the DSEs represent partially              |
| Line 5: Multiply li                        | ine 4 by 0.0375 a  | and enter su   | m here   |   |   |   | x   |                         | permited/<br>partially<br>nonpermitted<br>carriage? |
| Line 6: Enter tota                         | al number of DSE   | Es from line   | 3  |   |   |   |   | <u> </u>                | If yes, see part<br>9 instructions.                 |
| Line 7: Multiply li                        | ine 6 by line 5 an   | d enter here   | e and on line 2  | 2, block 3, space   | L (page 7)  |   |   | 0.00                    |   |

|   | FOWNER OF CABLES<br>Frn Bell Telephone |        | у       |              |        |         |              | STEM ID#<br>63096 | Name        |  |
|---|--|--------|---------|--------------|--------|---------|--------------|-------------------|-------------|--|
| BLOCK A: TELEVISION MARKETS (CONTINUED) |  |        |         |              |        |         |              |                   |             |  |
| 1. CALL                                 | 2. PERMITTED                           | 3. DSE | 1. CALL | 2. PERMITTED | 3. DSE | 1. CALL | 2. PERMITTED | 3. DSE            | 6           |  |
| SIGN                                    | BASIS                                  |        | SIGN    | BASIS        |        | SIGN    | BASIS        |                   | Computation |  |
|   |  |        |         |              |        |         |              |                   | 3.75 Fee    |  |
|   |  |        |         |              |        |         |              |                   |             |  |
|   |  |        |         |              |        |         |              |                   |             |  |
|   |  |        |         |              |        |         |              |                   |             |  |
|   |  |        |         |              |        |         |              |                   |             |  |
|   |  |        |         |              |        |         |              |                   |             |  |
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**ACCOUNTING PERIOD: 2020/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Southwestern Bell Telephone Company 63096 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 A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. 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 DSE PERIOD CARRIAGE SIGN DSE Instructions: Block A must be completed. 7 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 defned by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . X No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM: Southwestern Bell Telephone Company  | SYSTEM ID#<br>63096 | Name                      |
|---------------|---|---------------------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |                     |                           |
| Section 1     | Enter the amount of gross receipts from space K (page 7)  | 1,423,752.65        | 7                         |
| Section<br>2  | A. Enter the total DSEs from block B of part 7  | 0.00                | Computation of the        |
|               | B. Enter the total number of exempt DSEs from block C of part 7   | 0.00                | Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.   | 0.00                | Surcharge                 |
| • Is an       | y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.  |                     |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET   |                     |                           |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?   | SE                  |                           |
|               | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.   |                     |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)   |                     |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)  |                     |                           |
|               | line C in section 2) and enter here   |                     |                           |
|               | D. Multiply line B by line C and enter here   |                     |                           |
|               | E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  |                     |                           |
| Section 3b    | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.  |                     |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)  |                     |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)  |                     |                           |
|               | C. Multiply line B by 3.000 and enter here  |                     |                           |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)  |                     |                           |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here   |                     |                           |
|               | F. Multiply line D by line E and enter here   |                     |                           |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  |                     |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET  |                     |                           |
| Section       | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.  |                     |                           |
| 4a            |   | \                   |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1) | ÞE                  |                           |
|               | 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                     |               | ME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID# |
|--------------------------|---------------|--|------------|
|                          | <u> </u>      | Southwestern Bell Telephone Company  | 63096      |
| 7                        | Section<br>4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.   |            |
| Computation              |               | A. Enter 0.00300 of gross receipts (the amount in section 1)   |            |
| of the<br>Syndicated     |               | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$   |            |
| Exclusivity<br>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   |            |
| 8                        |               | tions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p   |            |
| U                        |               | checked "Yes," use the total number of DSEs from part 5.   |            |
| Computation              |               | ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.<br>Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  |            |
| of                       | 1             | ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be  | elow       |
| Base Rate Fee            | blank         |  |            |
|                          |               | <b>is a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers<br>ocated within that station's local service area and others were located outside that area. For the definition of a station's "lo |            |
|                          | service       | e area," see page (v) of the general instructions.   |            |
|                          |               |  |            |
|                          | • Did v       | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS rour cable system retransmit the signals of any partially distant television stations during the accounting period?  |            |
|                          |               | Yes—Complete part 9 of this schedule.  X No—Complete the following sections.   |            |
|                          |               | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |            |
|                          | Section 1     | Enter the amount of gross receipts from space K (page 7)   | 2.65_      |
|                          | 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,"  |            |
|                          |               |  | 0.00       |
|                          | Section 3     | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.                                       |            |
|                          |               | A. Enter 0.01064 of gross receipts  (the amount in section 1)  | <u>-</u>   |
|                          |               | B. Enter 0.00701 of gross receipts  (the amount in section 1)▶ \$ 9,980.51   |            |
|                          |               | 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  | <u>-</u>   |
|                          |               | 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  | <u> </u>   |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#       |  |
|--|------------------|--|
| Southwestern Bell Telephone Company  | 63096            | Name   |
| Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.  |                  |  |
| 4  |                  | 8  |
| A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶\$  |                  |  |
|  | _                |  |
| B. Enter 0.00701 of gross receipts  (the amount in section 1)   **State  |                  | Computation of   |
|  |                  | Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations |
| C. Multiply line B by 3.000 and enter here   | _                |  |
| D. Enter 0.00330 of gross receipts  (the amount in section 1)  \$  |                  |  |
| E. Subtract 4.000 from total DSEs  |                  |  |
| (the figure in section 2) and enter here   |                  |  |
| F. Multiply line D by line E and enter here  |                  |  |
| G. Add lines A, C, and F. This is your base rate fee.  |                  |  |
| Enter here and in block 3, line 1, space L (page 7)  | 0.00             |  |
| Base Rate Fee  | 0.00             |  |
| IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas  | t signals shall  |  |
| instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel Space G.   | line-ups in      | 9  |
| In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,  | to exclude       | Computation  |
| receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take ad exclusion, you must:  | vantage of this  | -  |
|  |                  | Base Rate Fee  |
| <b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the   |                  | Syndicated   |
| DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for e  | ach group.       | •  |
| Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  |                  |  |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in pa<br>also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo   |                  | Distant  |
| your cable system is wholly located outside all major television markets, complete block A only.   |                  | •  |
| How to Identify a Subscriber Group for Partially Distant Stations  | 20.000           |  |
| <b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant static carried to that community.   | in you           | Stations   |
| Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were loci outside the station's local service area. A subscriber located outside the local service area of a station is distant to that stati same token, the station is distant to the subscriber.) |                  |  |
| Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E  | I                |  |
| subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.   | : a cable system |  |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your systegroups.   | m's subscriber   |  |
| In each section:   |                  |  |
| • Identify the communities/areas represented by each subscriber group.   | of the           |  |
| • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all a subscribers in the group.  | n the            |  |
| • If:  |                  |  |
| 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in 4 of this schedule; or,   | parts 2, 3, and  |  |
| 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo<br>part 6 of this schedule.   | ock B,           |  |
| Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.  |                  |  |
| Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in in the paper SA3 form.   | structions       |  |
| • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p   | · · ·            |  |
| page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need actual calculations on the form.                                  |                  |  |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63096 Southwestern Bell Telephone Company Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWN<br>Southwestern Be         |                |                                  |                   |  |          |                 | 63096 | Name             |
|--|----------------|----------------------------------|-------------------|--|----------|-----------------|-------|------------------|
| COMMUNITY/ AREA                              | FIRST          | COMPUTATION O<br>SUBSCRIBER GROU | ATE FEES FOR EACH | 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<br>for |
|  |                |                                  | ···               |  |          |                 |       | Partially        |
|  |                |                                  | ···               |  | ••••     |                 |       | Distant          |
|  |                |                                  | ···               |  |          |                 |       | Stations         |
|  |                |                                  |                   |  |          |                 |       |                  |
|  |                |                                  |                   |  |          |                 |       |                  |
|  |                |                                  |                   |  |          |                 |       |                  |
|  |                |                                  | <mark></mark>     |  |          |                 |       |                  |
|  |                |                                  |                   |  |          |                 |       |                  |
| Total DSEs                                   |                |                                  | 0.00              | Total DSEs   |          |                 | 0.00  |                  |
| Gross Receipts First                         | Group          | \$ 1,423                         | 3,752.65          | Gross Receipts Secon   | nd Group | \$              | 0.00  |                  |
| orodo reddopto r not                         | Стоир          | <u> </u>                         | 7,1 02.00         | To the state of th | na Group | <u>*</u>        |       |                  |
| Base Rate Fee First                          | Group          | \$                               | 0.00              | Base Rate Fee Secon  | nd Group | \$              | 0.00  |                  |
|  |                | SUBSCRIBER GROU                  |                   |  | FOURTH   | SUBSCRIBER GROU |       |                  |
| COMMUNITY/ AREA                              |                |                                  | 0                 | COMMUNITY/ AREA  |          |                 | 0     |                  |
| CALL SIGN                                    | DSE            | CALL SIGN                        | DSE               | CALL SIGN  | DSE      | CALL SIGN       | DSE   |                  |
|  |                |                                  |                   |  |          |                 |       |                  |
|  |                |                                  |                   |  |          |                 |       |                  |
|  |                |                                  |                   |  |          |                 |       |                  |
|  |                |                                  | ···               |  |          |                 |       |                  |
|  |                |                                  | ···               |  | ••••     |                 |       |                  |
|  |                |                                  |                   |  |          |                 |       |                  |
|  |                |                                  |                   |  |          |                 |       |                  |
|  |                |                                  |                   |  |          |                 |       |                  |
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|  |                |                                  | <del></del>       |  |          |                 |       |                  |
|  | •••••          |                                  | ···               |  | ••••     |                 |       |                  |
|  |                |                                  |                   |  |          |                 |       |                  |
| Total DSEs                                   |                |                                  | 0.00              | Total DSEs   | •        |                 | 0.00  |                  |
| Gross Receipts Third                         | Group          | \$                               | 0.00              | Gross Receipts Fourt   | h Group  | \$              | 0.00  |                  |
|  | -:- <b>-</b> - | ·                                |                   |  |          | ·               |       |                  |
| Base Rate Fee Third                          | Group          | \$                               | 0.00              | Base Rate Fee Fourt  | h Group  | \$              | 0.00  |                  |
|  |                |                                  |                   | П  |          |                 |       |                  |
| Base Rate Fee: Add<br>Enter here and in bloo |                |                                  | riber group a     | as shown in the boxes al   | bove.    | \$              | 0.00  |                  |
|  | , 1, 0         | · (L~2~ , )                      |                   |  |          |                 | 00    |                  |

| LEGAL NAME OF OWNE Southwestern Bel            |          |                |                |                       |           | •               | 63096       | Name                      |
|--|----------|----------------|----------------|-----------------------|-----------|-----------------|-------------|---------------------------|
|  | BLOCK A: | COMPUTATION C  | F BASE RA      | TE FEES FOR EAC       | H SUBSCR  | BER GROUP       |             |                           |
|  | FIFTH    | SUBSCRIBER GRO |                |                       |           | 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<br>Exclusivity |
|  |          |                |                | -                     |           |                 |             | Surcharge                 |
|  |          |                |                |                       |           |                 |             | for                       |
|  |          |                |                |                       |           |                 |             | Partially                 |
|  |          |                | <u>.</u>       |                       |           |                 |             | Distant                   |
|  |          |                |                | -                     |           |                 |             | Stations                  |
|  |          |                |                |                       |           |                 |             |                           |
|  |          |                |                |                       |           |                 |             |                           |
|  |          |                |                |                       |           |                 |             |                           |
|  |          |                |                |                       |           |                 |             |                           |
| T DOE  |          |                | 0.00           | T                     |           |                 | 0.00        |                           |
| Total DSEs                                     |          |                | 0.00           | Total DSEs            |           |                 | 0.00        |                           |
| Gross Receipts First G                         | iroup    | \$             | 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        |                           |
|  | SEVENTH  | SUBSCRIBER GRO | UP             |                       | EIGHTH    | SUBSCRIBER GROU | JP          |                           |
| COMMUNITY/ AREA                                |          |                | 0              | COMMUNITY/ AREA       | Α         |                 | 0           |                           |
| CALL SIGN                                      | DSE      | CALL SIGN      | DSE            | CALL SIGN             | DSE       | CALL SIGN       | DSE         |                           |
|  |          |                |                |                       |           |                 |             |                           |
|  |          |                |                | -                     |           |                 |             |                           |
|  |          |                |                |                       |           |                 |             |                           |
|  |          |                |                |                       |           |                 |             |                           |
|  |          |                |                | -                     |           |                 |             |                           |
|  |          |                |                |                       |           |                 |             |                           |
|  |          |                |                |                       |           |                 |             |                           |
|  |          |                |                |                       |           |                 |             |                           |
|  |          |                |                |                       |           |                 |             |                           |
|  |          |                |                | -                     |           |                 |             |                           |
|  |          |                | ····           |                       |           |                 |             |                           |
|  |          |                |                |                       |           |                 |             |                           |
| Total DSEs                                     |          |                | 0.00           | Total DSEs            |           |                 | 0.00        |                           |
| Gross Receipts Third (                         | Group    | \$             | 0.00           | Gross Receipts Fou    | rth Group | \$              | 0.00        |                           |
|  |          |                |                |                       |           |                 |             |                           |
| Base Rate Fee Third (                          | Group    | \$             | 0.00           | Base Rate Fee Fou     | rth Group | \$              | 0.00        |                           |
|  |          |                |                | II                    |           |                 |             |                           |
| Base Rate Fee: Add the Enter here and in block |          |                | criber group a | as shown in the boxes | above.    | \$              |             |                           |

## **Nonpermitted 3.75 Stations**

| LEGAL NAME OF OWNER Southwestern Bell          |                  |                 |  |                       |           | \$               | 63096 | Name             |  |  |
|--|------------------|-----------------|--|-----------------------|-----------|------------------|-------|------------------|--|--|
| Е  | LOCK A:          | COMPUTATION O   | F BASE RA                              | TE FEES FOR EAC       | H SUBSCR  | IBER GROUP       |       |                  |  |  |
|  | FIRST            | SUBSCRIBER GROU | JP                                     |                       | SECONE    | SUBSCRIBER GROU  | JP    |                  |  |  |
| COMMUNITY/ AREA                                |                  |                 | 0                                      | COMMUNITY/ AREA       | 0         | 9<br>Computation |       |                  |  |  |
| CALL SIGN                                      | DSE              | CALL SIGN       | DSE                                    | CALL SIGN             | DSE       | CALL SIGN        | DSE   | of               |  |  |
|  |                  |                 |  |                       |           |                  |       | Base Rate Fee    |  |  |
|  | <mark></mark>    |                 |  |                       |           |                  |       | and              |  |  |
|  | <mark></mark>    |                 |  |                       |           |                  |       | Syndicated       |  |  |
|  | <u></u>          |                 |  | -                     |           |                  |       | Exclusivity      |  |  |
|  | <mark></mark>    |                 |  | -                     |           |                  |       | Surcharge<br>for |  |  |
|  |                  |                 | ····                                   | -                     |           |                  |       | Partially        |  |  |
|  | ···              |                 |  |                       | ·····     |                  |       | Distant          |  |  |
|  | <u> </u>         |                 | <u> </u>                               |                       |           |                  |       | Stations         |  |  |
|  |                  |                 |  |                       |           |                  |       |                  |  |  |
|  |                  |                 |  |                       |           |                  |       |                  |  |  |
|  |                  |                 |  |                       |           |                  |       |                  |  |  |
|  | . <mark>.</mark> |                 |  |                       |           |                  |       |                  |  |  |
|  |                  |                 |  |                       |           |                  |       |                  |  |  |
|  |                  |                 |  |                       |           |                  |       |                  |  |  |
| Total DSEs                                     |                  |                 | 0.00                                   | Total DSEs            |           |                  | 0.00  |                  |  |  |
| Gross Receipts First Gr                        | oup              | \$ 1,423        | ,752.65                                | Gross Receipts Seco   | ond Group | \$               | 0.00  |                  |  |  |
| Base Rate Fee First Gr                         | oup              | \$              | 0.00                                   | Base Rate Fee Seco    | ond Group | \$               | 0.00  |                  |  |  |
|  | THIRD            | SUBSCRIBER GRO  | JP                                     |                       | FOURTH    | SUBSCRIBER GROU  | JP    |                  |  |  |
| COMMUNITY/ AREA                                |                  |                 | 0                                      | COMMUNITY/ AREA       |           |                  | 0     |                  |  |  |
| CALL SIGN                                      | DSE              | CALL SIGN       | DSE                                    | CALL SIGN             | DSE       | CALL SIGN        | DSE   |                  |  |  |
|  |                  |                 |  |                       |           |                  |       |                  |  |  |
|  | <mark></mark>    |                 |  | -                     |           |                  |       |                  |  |  |
|  | <del></del>      |                 | ······································ | -                     | ······    |                  |       |                  |  |  |
|  | ···              |                 |  |                       |           |                  |       |                  |  |  |
|  | <u> </u>         |                 |  |                       |           |                  |       |                  |  |  |
|  |                  |                 |  |                       |           |                  |       |                  |  |  |
|  |                  |                 |  |                       |           |                  |       |                  |  |  |
|  | <mark></mark>    |                 |  |                       |           |                  |       |                  |  |  |
|  | <mark></mark>    |                 |  |                       |           |                  |       |                  |  |  |
|  |                  |                 |  |                       |           |                  |       |                  |  |  |
|  | <u>-</u>         |                 | -                                      |                       |           |                  |       |                  |  |  |
|  | <del>- </del>    |                 | +                                      |                       |           |                  |       |                  |  |  |
|  | ···              |                 | ······································ |                       |           |                  |       |                  |  |  |
| 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  |                  |  |  |
|  |                  |                 |  | II                    |           |                  |       |                  |  |  |
| Base Rate Fee: Add the Enter here and in block |                  |                 | riber group a                          | as shown in the boxes | above.    | \$               | 0.00  |                  |  |  |

## **Nonpermitted 3.75 Stations**

|                 | 43096             |                 |  |                                  |             |                | R OF CABLE     | Southwestern Bel                  |
|-----------------|-------------------|-----------------|--|----------------------------------|-------------|----------------|----------------|-----------------------------------|
|                 |                   |                 |  | TE FEES FOR EACH                 |             |                |                |                                   |
| 9               |                   | SUBSCRIBER GROU | SIXTH                                  |                                  |             | SUBSCRIBER GRO | FIFTH          |                                   |
| Computat        | COMMUNITY/ AREA 0 |                 |  |                                  | 0           |                | OMMUNITY/ AREA |                                   |
| of              | DSE               | CALL SIGN       | DSE                                    | CALL SIGN                        | DSE         | CALL SIGN      | DSE            | CALL SIGN                         |
| Base Rate       |                   |                 |  |                                  |             |                |                |                                   |
| and             |                   |                 |  |                                  |             |                |                |                                   |
| Syndicate       |                   |                 | <u>.</u>                               |                                  |             |                |                |                                   |
| Exclusivi       |                   |                 |  |                                  |             |                |                |                                   |
| Surcharg<br>for |                   |                 | <mark></mark>                          |                                  |             |                |                |                                   |
| Partially       |                   |                 |  |                                  | ···         |                | ····           |                                   |
| Distant         | ·····             |                 | ······································ |                                  | <del></del> |                | ····           |                                   |
| Stations        | ••••              |                 | •                                      |                                  | •           |                |                |                                   |
| ]               |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 | <del></del>       |                 | <mark></mark>                          |                                  | <del></del> |                | ····           |                                   |
| 1               |                   | П               |  |                                  |             |                |                |                                   |
|                 | 0.00              |                 |  | Total DSEs                       | 0.00        |                |                | Total DSEs                        |
|                 | 0.00              | \$              | d Group                                | Gross Receipts Secon             | 0.00        | \$             | roup           | Bross Receipts First G            |
| -               | 0.00              | \$              | d Group                                | Base Rate Fee Secon              | 0.00        | \$             | roup           | Base Rate Fee First G             |
| ]               | Р                 | SUBSCRIBER GROU | EIGHTH                                 |                                  | JP          | SUBSCRIBER GRO | SEVENTH        |                                   |
|                 | 0                 |                 |  | COMMUNITY/ AREA                  | 0           |                |                | COMMUNITY/ AREA                   |
|                 | DSE               | CALL SIGN       | DSE                                    | CALL SIGN                        | DSE         | CALL SIGN      | DSE            | CALL SIGN                         |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 |                   |                 |  |                                  |             |                |                |                                   |
|                 | 0.00              |                 |  | Total DSEs                       | 0.00        |                |                | Total DSEs                        |
|                 | 0.00              | \$              | Group                                  | Total DSEs Gross Receipts Fourth | 0.00        | \$             | Group          |                                   |
|                 | _                 | \$              | Group                                  |                                  |             | \$             | Group          | Fotal DSEs Gross Receipts Third G |

**ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Southwestern Bell Telephone Company 63096 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 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 Second 50 major television market First 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** Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Surcharge for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. **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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . . . . FOURTH SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

**ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Southwestern Bell Telephone Company 63096 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 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 Second 50 major television market First 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. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. **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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE EIGHTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown