This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
2/25/2021	\$					
2/23/2021	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period		2020/2				
B Owner	rate	Give the full legal name of the owner of the cable system. If the owner is a title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines of these were different owners during the accounting period, only the owner name statement of account and royalty fee payment covering the entire accounting the conduction of the system's first filing. If not, enter the system's ID	ss of the cable system on the last day of the unting period.	m. e accounting period should su		8421
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		CABLE ONE, INC. d/b/a SPARKLIGHT				
					842	120202
					8421	2020/2
		210 E EARLL DRIVE PHOENIX, AZ 85012				
С		TRUCTIONS: In line 1, give any business or trade names used to it				
System	nan	nes already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	the system, if diffe	erent from the address give	n in space	В.
	2	MAILING ADDRESS OF CABLE SYSTEM: 184 SOUTHTOWNE SHOPPING CENTER (Number, street, rural route, apartment, or suite number) DU QUOIN, IL 62832 (City, town, state, zip code)				
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst comn	nunity served below and rel	ist on page	: 1b
Area	with	n all communities.				
Served		CITY OR TOWN	STATE			
First		DU QUOIN	IL			
Community	В	elow is a sample for reporting communities if you report multiple cha				
	A 1.1	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Ald	a ance	MD MD	A B		2
	Ger		MD	В		3

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

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 8421 CABLE ONE, INC. d/b/a SPARKLIGHT Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Δrea of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP CITY OR TOWN STATE SUB GRP# **DU QUOIN** IL First **PICKNEYVILLE** IL Community ST. JOHNS VILLAGE IL **TAMAROA** IL **UNINC. PERRY** IL **BUCKNER** IL See instructions for **CHRISTOPHER** IL additional information on alphabetization. **NORTH CITY** IL IL **EWING WEST CITY VILLAGE** IL **MULKEYTOWN** IL Add rows as necessary. **BENTON** IL **UNINC. FRANKLIN COUNTY** IL IL **VALIER** IL **SESSER** IL **COELLO**

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	1	i '	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#
8421

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOCK 2			
	NO. OF					NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	2,370	\$	40.00				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	124	\$	40.50				
Commercial		T					
Converter							
 Residential 		T] ["			
 Non-residential 		ļ					
		· † · · · · · · ·		1 1	••••••		†

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. **Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a

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

	BLOCK 2						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		RATE	CATEGORY OF SERVICE	<u> </u>	RATE
Continuing Services:		Installation: Non-residential					
• Pay cable	\$16-19.00	Motel, hotel			EXPANDED BASIC	\$	48.00
 Pay cable—add'l channel 		Commercial			STARZ SUPER PAK	\$	19.00
 Fire protection 		• Pay cable			SHOWTIME UNLTD	\$	19.00
Burglar protection		Pay cable-add'l channel			HBO THE WORKS	\$	27.00
Installation: Residential		Fire protection			НВО	\$	19.00
First set	\$ 30.00	Burglar protection			CINEMAX	\$	19.00
 Additional set(s) 		Other services:			DIGITAL VALUE PAK	\$	16.00
• FM radio (if separate rate)	Free-\$15.99	• Reconnect	\$	90.00		1	
Converter		Disconnect				1	
		Outlet relocation	\$	45.00		ļ	
		Move to new address	\$	35.00		1	,
						1	

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WSIL	34.1	N	No		CAPE GIRARDEAU, MO	
WPSD	19.1	N	No		PADUCAH, KY	
WTCT	30.1	I	No		MERION, IL	ć
KBSI	36.1	I-M	No		CAPE GIRARDEAU, MO	
WSIU	8	E	No		CARBONDALE, IL	
KFVS-2	11.2	I-M	No		CAPE GIRARDEAU, MO	
KSDK	35.1	N	Yes	0	ST. LOUIS, MO	
KFVS-3	11.3	I-M	No		CAPE GIRARDEAU, MO	
WPSD-2	19.2	I-M	No		PADUCAH, KY	
KBSI-2	36.2	I-M	No		CAPE GIRARDEAU, MO	
WPSD-3	19.3	I-M	No		PADUCAH, KY	
WDKA-2	25.2	I-M	No		PADUCAH, KY	
WDKA-3	25.3	I-M	No		PADUCAH, KY	
KFVS-5	11.5	I-M	No		CAPE GIRARDEAU, MO	
KBSI-3	36.3	I-M	No		CAPE GIRARDEAU, MO	
WDKA-4	25.4	I-M	No		PADUCAH, KY	
WSIL-3	34.3	I-M	No		CAPE GIRARDEAU, MO	
WSIL-4	34.4	I-M	No		CAPE GIRARDEAU, MO	

See instructions for additional information on alphabetization.

U.S. Copyright Office

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

•	• •		'	'	•
		CHANN	AB		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
0.0.1	NUMBER	STATION		(If Distant)	
	NONBER	017(11014		(II Distant)	
	······································			······································	
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	ACCOUNT	ING PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#	N
CABLE ONE, INC. d/b/a SPARKLIGHT	8421	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	1	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a	à	Primary
substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program.	am	Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations:		
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.		
a list the station has and also in space I if the station was carried both on a substitute basis and also on some other		

in the paper SA3 form. **Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
	-			,	

FORM SA3E. PAGE 3.	ACCOUNTI	NG PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#	Na
CABLE ONE, INC. d/b/a SPARKLIGHT	8421	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections		G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program.		Primary Transmitters: Television
basis under specific FCC rules, regulations, or authorizations:		Television
Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.		
 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. 		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identified the multicast stream associated with a station according to its over-the-air designation. For example, report multi-	y	

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

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

WETA-simulcast).

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

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

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

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

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

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

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC. d/b/a SPARKLIGHT	8421	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station arrived by your cable system during the accounting period, except (1) stations carried only on a part-time basis unercled by your cable system during the accounting period, except (1) stations carried only on a part-time basis unercled), 76.51(e)(2) and (4), 76.61(e)(2) and (4), 76.61(ader as as a on a a orogram bother ated dentify ii- apple air in annel amercial A" ast). ex- ar em abject enting na-	G Primary Transmitters: Television
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licens FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.	•	

CHANNEL LINE-UP AE							
1. CALL				1	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
				(ii Dietain)			
		•					

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	TEM ID#	Nama
CABLE ONE, INC. d/b/a SPARKLIGHT	8421	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television stations carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program.		G Primary Transmitters Television
pasis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificant stream associated with a station according to its over-the-air designation. For example, report multipast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air into community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommerceducational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exclanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission	/ ial	

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CHANNEL LINE-UP AF								
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
		0.7111011		(1. 2.0.0.1.1)				
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FORM SA3E. PAGE 3.	ACCOUNTI	ING PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
CABLE ONE, INC. d/b/a SPARKLIGHT	8421	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television static carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis un FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section	der	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute p		Primary Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations:	rogram	relevision
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.		
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some of basis. For further information concerning substitute basis stations, see page (v) of the general instructions local in the paper SA3 form.		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Ic	,	
each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for exam		

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

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

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

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

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

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

1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing

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

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

CHANNEL LINE-UP AH					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
				(ii Dietain)	

ORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE	M ID#	Nama
CABLE ONE, INC. d/b/a SPARKLIGHT	8421	Name
PRIMARY TRANSMITTERS: TELEVISION		
n General: In space G, identify every television station (including translator stations and low power television stations) sarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a		G Primary
Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:		Transmitters: Television
Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.		
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-asst stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example		
VETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in as community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.		
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).		
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.		
Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your able system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system arried the distant station on a part-time basis because of lack of activated channel capacity.		
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject fa written agreement entered into on or before June 30, 2009, between a cable system or an association representing		
the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the		
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.		

FCC. For Mexican or C	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.							
Note: If you are utilizing	Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.							
CHANNEL LINE-UP AI								
				1				

		CHANN	EL LINE-UP	Al	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
				(** = **= *****************************	

	ACCOUNT	ING PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	8421	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television staticarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under the carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under the carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under the carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under the carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under the carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under the carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under the carried by your cable system during the accounting period.	ler [′]	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried substitute program basis, as explained in the next paragraph.	on a	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute pr	ogram	Television

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

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

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

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

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

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

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

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

1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	

	ACCOUNTI	NG PERIOD: 2020/2
FORM SA3E. PAGE 3.	7100001111	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
CABLE ONE, INC. d/b/a SPARKLIGHT	8421	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television staticarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis un FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried substitute program basis, as explained in the next paragraph.	der [′] s	G Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute pro-	rogram	Television
basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.		
 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some o basis. For further information concerning substitute basis stations, see page (v) of the general instructions local in the paper SA3 form. 	ted	
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Id	•	
each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for exam WETA-simulcast).		
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-a	air in	
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the challon which your cable system carried the station.	nnel	
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncom-		
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)		
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an e	ŕ	
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you	ır	
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system	em	
carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the su	phiect	
of a written agreement entered into on or before June 30, 2009, between a cable system or an association represe	,	
the cable system and a primary transmitter or an association representing the primary transmitter, enter the design	•	

of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

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

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

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

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CHANNEL LINE-UP AL									
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL		(Yes or No)	CARRIAGE					
SIGN	1			1					
	NUMBER	STATION		(If Distant)					
				· ·······					
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	ACCOUNT	ING PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	Name
CABLE ONE, INC. d/b/a SPARKLIGHT	8421	Nume
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	,	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried o substitute program basis, as explained in the next paragraph.	n a	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	gram	Television
basis under specifc FCC rules, regulations, or authorizations:		
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the		
station was carried only on a substitute basis.		
I ist the station here, and also in space L if the station was carried both on a substitute basis and also on some other.	er	

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

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

in the paper SA3 form.

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

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

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

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

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

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

1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
		•			

	ACCOUNT	ING PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	Name
CABLE ONE, INC. d/b/a SPARKLIGHT	8421	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	,	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried or	n a	Primary
substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program.	ıram	Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations:		
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.		
station was carried only on a substitute basis.	ar	

in the paper SA3 form. **Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

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

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP AO										
			I							
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION					
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE						
	NUMBER	STATION		(If Distant)						
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ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

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		CHANN	AP		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL		(Yes or No)	CARRIAGE	
0.014	NUMBER	STATION		(If Distant)	
	NOWBER	STATION		(II Distant)	
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FORM SA3E. PAGE 3.					AC	CCOUNTIN	IG PERIOD: 2020/
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTE	M ID#	
CABLE ONE, IN			ı			8421	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC Do not list the station station was carried of List the station here, as basis. For further intime the paper SA3 for Column 1: List each each multicast stream as cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of licens on which your cable sy. Column 3: Indicate educational station, by (for independent multice For the meaning of the Column 4: If the ste planation of local service Column 5: If you ha cable system carried the carried the distant stati For the retransmissi of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	s, identify every yestem during the yestem during the nos in effect on .61(e)(2) and (4 is, as explained tations: With record to rules, regular here in space (5 only on a substand also in space formation concern. In station's call standard to sassociated with .2". Simulcast standard to expense the carried the in each case we entering the left east), "E" (for no see terms, see patton is outside the carea, see patton is outside the distant station on on a part-timition of a distant entered into on a primary transmissimulcasts, also ree categories, e location of eact	r television state accounting June 24, 198 J	period, except (a1, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried to the basis station eport origination period in complete the same assigned to the tion is a network work), "N-M" (feeducational), or a general instruction in the same as a second in the same as a second in the educational), or a general instruction is a network of educational in the same as a second in the	1) stations carried a carriage of certain (e)(2) and (4))]; are carried by your case. Special Statement both on a substitution, see page (v) of program services are the air designation olumn 1 (list each the television station on the program of the television station of the television of the television station of the television station of the television of television of the television of television of the television of	r. If not, enter "No". For an ex- paper SA3 form. ating the basis on which your ring "LAC" if your cable system		G Primary Transmitters: Television
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AQ			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		

	CHANNEL LINE-UP AQ										
	T			1							
1. CALL					6. LOCATION OF STATION						
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE							
	NUMBER	STATION		(If Distant)							
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ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

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	CHANNEL LINE-UP AR										
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION						
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE							
0.0.4	NUMBER	STATION		(If Distant)							
	NOMBER	OTATION		(II Distairt)							
											
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CARLE ONE INC	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
CABLE ONE, INC. d/b/a SPARKLIGHT 8421									
PRIMARY TRANSMITTER	RS: TELEVISION	N							
carried by your cable sy FCC rules and regulatio 76.59(d)(2) and (4), 76.6 substitute program basis Substitute Basis Stabasis under specifc FCC • Do not list the station has tation was carried o • List the station here, a basis. For further infoin the paper SA3 forr Column 1: List each each multicast stream a cast stream as "WETA-: WETA-simulcast). Column 2: Give the its community of license on which your cable sys Column 3: Indicate i educational station, by column 4: If the state planation of local service Column 5: If you have cable system carried the carried the distant station For the retransmission of a written agreement eatter the cable system and a tion "E" (exempt). For si explanation of these three Column 6: Give the	stem during the stem during the stem during the stem of the stem o	e accounting June 24, 198 June 24, 198 June 24, 198 June 26, 198 June 26, 198 June 26, 198 June 27, 198 June 27, 198 June 28, 198 Jule	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its over be reported in cording to its over be reported in cording to its over twork), "N-M" (freducational), or egeneral instruction is a network educational), or egeneral instruction is experient instruction in the state of lack of example of the general in the lack of the	(1) stations carried e carriage of certa (e)(2) and (4))]; at carried by your carried says see page (v) of program services exthe-air designate column 1 (list each the television static ington, D.C. This rack station, an indepor network multicar "E-M" (for noncontions located in the instant"), enter "Ye ons located in the inplete column 5, so d. Indicate by entertivated channel cubject to a royalty tween a cable systemating the primar channel on any off instructions located ist the community ecommunity with	paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designaner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Primary Transmitters Television			
T			EL LINE-UP	1					
		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)					
		0.7		(ii Diotain)					
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		CID 4111		,	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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CHANNEL LINE-UP AT								
. CALL	2. B'CAST 3.	. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
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ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other

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

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

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

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

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

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

FORM SA3E. PAGE 3.	1	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC. d/b/a SPARKLIGHT	8421	Ivaille
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television statior carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis us FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sectic 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carries substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some basis. For further information concerning substitute basis stations, see page (v) of the general instructions loc in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. each multicast stream associated with a station according to its over-the-air designation. For example, report mu cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for examily metal stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for examily metal stream separately. Column 3: Indicate in each case whether the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncoreducational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multic For the meaning of these terms, see page (v)	ander ons ed on a program e other eated dentify and elements of the eated dentify and elements of the eated dentify annel mercial M" asst). expect execution of the execution o	Primary Transmitters: Television

CHANNEL LINE-UP AV									
1. CALL					6. LOCATION OF STATION				
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)					
		017111011		(ii Dietain)					

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations:

Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the

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

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

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

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

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

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

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

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

		AW			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#

8421

Н

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

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

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

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

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2020/								
LEGAL NAME OF OWNER OF O	CABLE SYST	EM:			5	SYSTEM ID#		
CABLE ONE, INC. d/b/a	SPARKL	JGHT				8421	Name	
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.								
				90.10141.11041	and the following in the pupe		Carriage:	
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XNo								
Note: If your answer is "No"		rest of this pag	e blank. If your answer is "	Yes," you mu			Program Log	
log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS						
In General: List each substi			e line. Use abbreviations v	vherever pos	sible. if their meaning is			
clear. If you need more space	ce, please a	ittach additiona	ıl pages.					
Column 1: Give the title of period, was broadcast by a			sion program (substitute p			on		
under certain FCC rules, reg						OH		
SA3 form for futher informat	ion. Do not	t use general c	ategories like "movies", or					
titles, for example, "I Love L			76ers vs. Bulls." ·"Yes." Otherwise enter "N	o "				
			sting the substitute progra					
Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice				
the case of Mexican or Cana			community with which the s em carried the substitute p			h		
first. Example: for May 7 giv	•	Wildir your oyor	om carried the substitute p	rogram. 000	mamoralo, with the mon			
			gram was carried by your o			1		
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. snould be			
Column 7: Enter the lette			was substituted for progra					
to delete under FCC rules a gram was substituted for pro								
effect on October 19, 1976.	ogramming	illat your syste	in was permitted to delete	under i CC i	ules and regulations in			
s	UBSTITUT	E PROGRAM			EN SUBSTITUTE HAGE OCCURRED	7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION		
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l								
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					_			
					<u> </u>			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

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

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

- · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m.'

	DATES AND HOURS OF PART-TIME CARRIAGE									
CALL SIGN	WHEN	N CARRIAGE OC			CALL SIGN	WHEI	N CARRIAGE O			
	DATE	HO FROM	URS TO		0	DATE	FROM	OUR	RS TO	
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LEGA	SAJE. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC. d/b/a SPARKLIGHT	SYSTEM ID# 8421	Name						
Inst all a (as i page	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 identifed 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. \$ 761,428.52 IMPORTANT: You must complete a statement in space P concerning gross receipts.								
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.									
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should b block 4 below.	pe entered on line							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are least the minimum fee, regardless of whether they carried any distant stations. This fee is 1 system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K								
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. \$ 8,101.60								
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. No—Leave block 3 below blank and compute the Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	, you must check							
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	7,138.39							
	Line 3. Add lines 1 and 2 and enter here	\$ 7,138.39							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	\$ 8,101.60 0.00	Cable systems submitting additional deposits under Section 111(d)(7)						
	(Interest Worksheet)	\$ 725.00	should contact the Licensing additional fees. Division for the						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	,	appropriate form for submitting the additional fees.						
	general instructions located in the paper SA3 form for more information.)								

ACCOUNTING PERIOD: 2020/2

Name		STEM ID# 8421						
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Channels	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 and nonbroadcast services. 240							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)							
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364-6195							
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012							
	(City, town, state, zip) Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)							
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or							
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 							
	in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein							
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]							
	X /s/ RAYMOND STORCK							
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	in .						
	Typed or printed name: RAYMOND STORCK							
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)							
	Date: February 25, 2021							

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	M
CABLE ONE, INC. d/b/a SPARKLIGHT	8421	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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section for more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	e basic nclude sub- on 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	erpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce 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 Off please list below the owner, address, first community served, accounting period, and ID number as given in ti		
Owner Address		
First community served		
Accounting period		
ID number		

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

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

Base rate fee

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

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

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

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

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

\$1,907.71

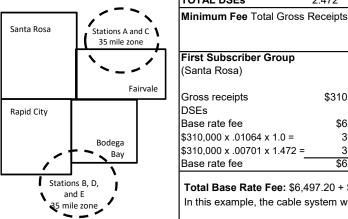
Base rate fee

\$1,604.03

EXAMPLE:

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

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



Distant Stations Carried Identific			ication of Subscriber Groups			
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS		
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS		
3 (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00		
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00		
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00		
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00		
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00		
	Distant Stations Carried STATION A (independent) B (independent) C (part-time) D (part-time) E (network) TOTAL DSEs	STATION DSE A (independent) 1.0 3 (independent) 1.0 C (part-time) 0.083 D (part-time) 0.139 E (network) 0.25	STATION DSE CITY A (independent) 1.0 3 (independent) 1.0 Santa Rosa C (part-time) 0.083 Rapid City D (part-time) 0.139 Bodega Bay E (network) 0.25 Fairvale	STATION DSE CITY OUTSIDE LOCAL A (independent) 1.0 SERVICE AREA OF B (independent) 1.0 Santa Rosa Stations A, B, C, D, E C (part-time) 0.083 Rapid City Stations A and C D (part-time) 0.139 Bodega Bay Stations A and C E (network) 0.25 Fairvale Stations B, D, and E		

\$600,000.00

x .01064

\$6,384.00 First Subscriber Group Second Subscriber Group Third Subscriber Group (Santa Rosa) (Rapid City and Bodega Bay) (Fairvale) Gross receipts \$310,000.00 Gross receipts \$170,000.00 Gross receipts \$120,000.00 **DSFs IDSFs** 2.472 IDSFs 1.083 1.389 \$1,604.03 Base rate fee \$6.497.20 Base rate fee \$1.907.71 Base rate fee \$310,000 x .01064 x 1.0 = 3,298.40 \$170,000 x .01064 x 1.0 = 1,808.80 \$120,000 x .01064 x 1.0 = 1,276.80 3,198.80 327.23 \$310,000 x .00701 x 1.472 = $170,000 \times .00701 \times .083 =$ 98.91 $120,000 \times .00701 \times .389 =$

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

Base rate fee

\$6,497.20

ACCOUNTING PERIOD: 2020/2

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	STEM ID			
1	CABLE ONE, INC. d/b/a	SPARKLIGHT	Γ			842			
	SUM OF DSEs OF CATEGOR								
	Add the DSEs of each station.								
	Enter the sum here and in line 1	.,	0.25						
	Instructions								
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5								
	of space G (page 3).								
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."								
of DSEs for Category "O"	mercial educational station, give	e the DSE as .2:	o. CATEGORY "O" STATIO	NC. DCC.					
Stations	CALL SIGN	DSE	CATEGORY O STATIO	DSE	CALL SIGN	DSE			
Stations	KSDK	0.250	CALL SIGN	DSL	CALL SIGN	DOL			
	KSDK	0.250		<mark></mark>					
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member to copy all									
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Name		WNER OF CABLE SYSTEM: INC. d/b/a SPARKLI	GHT				S	3YSTEM ID# 8421
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should c Column 3: Column 4: be carried out a Column 5: give the type-v Column 6:	t the call sign of all distant. For each station, give the orrespond with the inform. For each station, give the Divide the figure in colurat least to the third decim. For each independent stalue as ".25."	te number of he nation given in the total number on 2 by the fig all point. This is tation, give the furn 4 by the figure.	ours your cable system space J. Calculate only r of hours that the static ure in column 3, and gives the "basis of carriage to "type-value" as "1.0." Fagure in column 5, and gives	carried the static r one DSE for each on broadcast over we the result in de value" for the sta For each network	on during the accounting p ch station. r the air during the accoun ecimals in column 4. This	ting period. figure must fional station, s than the	
Capacity	-	(CATEGORY	/ LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	Έ
			÷		=	x	=	
			<u> </u>		=	x x	=	
			<u> </u>		=	x	=	
			÷ ÷		=	x x		
					=	x x	=	
	Add the DSEs o	OF CATEGORY LAC ST f each station. n here and in line 2 of pa		edule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effections in effections in effections are space I). Column 2: Fat your option. Tall Column 3: Ecolumn 4: Ecolumn	ct on October 19, 1976 (a ne or more live, nonnetwo for each station give the r his figure should corresp Enter the number of days Divide the figure in column	ution for a prog is shown by the rk programs du number of live, bond with the ii in the calendal in 2 by the figur	gram that your system we letter "P" in column 7 ring that optional carrial nonnetwork programs information in space I. Tyear: 365, except in a re in column 3, and give	was permitted to of space I); and ge (as shown by the carried in substituted per pear.	grams) if that station: delete under FCC rules ar ne word "Yes" in column 2 or ution for programs that we umn 4. Round to no less the e general instructions in the	re deleted	
		SL	JBSTITUTE	-BASIS STATION	S: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	/S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		÷		=
		<u>-</u>		=		-		=
		÷		=		÷		=
		÷		=		÷		=
	Add the DSEs o	OF SUBSTITUTE-BASIS f each station. n here and in line 3 of pa		edule,		0.00		
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the ame applicable to your system of DSEs from part 2 ● of DSEs from part 3 ● of DSEs from part 4 ●		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide t ▶ ▶	0.25 0.00 0.00	
	TOTAL NUMBEI	R OF DSEs						0.25

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

	OWNER OF CABLE S						S	YSTEM ID# 8421	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the rer "No," complete blo	mainder of pa	•	of the DSE schedu	ule blank and	complete part	8, (page 16) of the		6
			BLOCK A: 7	TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24, Yes—Com	m located wholly ou 1981? nplete part 8 of the plete blocks B and	schedule—D	•				C rules and regula	tions in	3./5 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations pric e DSE Sched	or to June 25, 1 dule. (Note: The	981. For further ex e letter M below ref	planation of p	ermitted statio	m was permitted to ns, see the stream as set forth	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursus *F A station pre	les and reguled pursuant to on as defined al educationa I station (76.6 r DSE schedunt to individuationsly carried the station will the station will be set to many the station will be set to many the station will be set to pursuant to individuations will be set to pursuant to individuations will be set to pursuant to set to pursuant to individuations will be set to pursuant t	ations cited belothe FCC markin 76.5(kk) (76.1) states a few paragraphs of FC do no a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on .57, 76.59(b), .(1), 76.63(a) 3(a) referring stitution of gra	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] indfathered sta	6.63(a) referring to		
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			rksheet on page 14	l of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
<u> </u>									
						•	<u>-</u>		<u> </u>
								0.00	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from լ	part 5 of this s	schedule				0.25	
Line 2: Enter the	sum of permitted	d DSEs from	n block B abo	ve					
	line 2 from line 1 leave lines 4–7 bl					ate.		0.25	
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				\$ 76 × 0.03	1,428.52	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375 a	and enter su	m here				\$ 2	8,553.57	permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3					0.25	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)		\$	7,138.39	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 8421											
			BLOC	(A: TELEVI	SION MARKETS	(CONTIN	UED)			_	
	CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6	
										Computation of 3.75 Fee	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer commercial VHF station that places a grade B contour, in whole or in part, over the cable system? to former FCC rule 76.159) Yes-List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	SYSTEM ID# 8421	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	761,428.52	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	/ portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	_		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ne of owner of cable system: CABLE ONE, INC. d/b/a SPARKLIGHT	SYSTEM ID# 8421
		- ,	
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ _ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u>
	Instruc	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of par	t
J		checked "Yes," use the total number of DSEs from part 5.	
Computation		ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	1 1	r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	v
Base Rate Fee	blank.		
	What is	s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
	were lo	ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did vo	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"	
	_	use the total number of DSEs from part 5.).	
	Section		
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ _\$	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	

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

_	DOLL FAGE 17.		G FERIOD: 2020/2
_	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABL	E ONE, INC. d/b/a SPARKLIGHT	8421	
Section 4	f the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) > \$		
		_	•
	B. Enter 0.00701 of gross receipts (the amount in section 1) * ** ** ** ** ** ** ** ** **		Computation of
			Base Rate Fee
	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.	l	
	Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee ▶ \$	0.00	
ļ			
instead	FANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chann	U	9
Space (3
	•ral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation
	n, you must:	aramage er ame	of Base Rate Fee
Firet: D	ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant t	o the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine		Syndicated
	nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee fo	r each group.	Exclusivity Surcharge
_	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
	f any portion of your cable system is located within the top 100 television market and the station is not exempt in npute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B b		Partially Distant
	able system is wholly located outside all major television markets, complete block A only.	Blow. However,	Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially
	For each community served, determine the local service area of each wholly distant and each partially distant sta	ition vou	Permitted Stations
	to that community.	,	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lethe station's local service area. A subscriber located outside the local service area of a station is distant to that st ken, the station is distant to the subscriber.)		
subscrib	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant, per group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the same complement of stations, when the distant stations it carried have lead continuously and the coincide.		
_	will have only one subscriber group when the distant stations it carried have local service areas that coincide. ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
groups.			
	section:		
• Give the	y the communities/areas represented by each subscriber group. ne call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a pers in the group.	ll of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it schedule; or,	in parts 2, 3, and	
, .	ortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in 6 of this schedule.	olock B,	
• Add th	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	instructions	
page. I DSEs fo	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the naking this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the that group's complement of stations and total gross receipts from the subscribers in that group). You do not ne alculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 8421 CABLE ONE, INC. d/b/a SPARKLIGHT Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWI CABLE ONE, INC						5	YSTEM ID# 8421	Name
·				TE EEE'S FOR FAC	TH CHIDOOD	IDED CROUD		
		SUBSCRIBER GRO		TE FEES FOR EAC		SUBSCRIBER GROUP	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	9		
					Computat			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KSDK	0.25							Base Rate
								and
								Syndicate Exclusivi
								Surcharg
								for
			••••					Partially
								Distant
								Stations
Γotal DSEs		1	0.25	Total DSEs		11	0.00	
							_	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					······			
			······		······			
Fatal DOT			0.00	Tatal DOS			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
			criber group a	as shown in the boxes	above.			
Enter here and in blo	ck 3, line 1, s _l	pace L (page 7)				\$	0.00	

LEGAL NAME OF OWN CABLE ONE, INC						S	8421	Name	
				ATE FEES FOR EAC			ID.		
COMMUNITY/ AREA	FIFIH	SUBSCRIBER GRO	0	COMMUNITY/ AREA	SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fe	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	SEVENTH	SUBSCRIBER GRO				I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			····						
				···					
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add t	he base rat					\$	0.00		

LEGAL NAME OF OWNE						S	YSTEM ID#	Name
CABLE ONE, INC.	d/b/a SP	ARKLIGHT					8421	- Namo
В				TE FEES FOR EAC				
	NINTH	SUBSCRIBER GRO	DUP		TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Tatal DCFa			0.00	Tatal DOFa			0.00	
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO)UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
		-	••••	-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add th	e base ra te	e fees for each subs	criber group :	as shown in the boxes	above.			
Enter here and in block			. 3.550	20.00		\$		

LEGAL NAME OF OW						S	SYSTEM ID#	Name		
CABLE ONE, IN	C. d/b/a SP	ARKLIGHT			8421					
				ATE FEES FOR EAC						
	HIRTEENTH	SUBSCRIBER GRO	DUP	1		SUBSCRIBER GROU	JP	9		
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
		0.122.0.0		0.122.5.0				Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant		
								Stations		
			·····							
			·····	-						
			·····							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00			
Cross recorpts i iisi	Согоир	<u>*</u>	0.00	Cross rescipis seed	ona Group		0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00			
	•			1			<u>,</u>			
		SUBSCRIBER GRO				1 SUBSCRIBER GROU	JP			
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			·····							
				-						
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00			
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
				Ш						
Page Date Face Add	l the bass ===*	o food for oath tisk t	oribor are:	as shown in the besser	abova					
Enter here and in blo			criber group	as shown in the boxes	apove.	\$				
		· ·								

CABLE ONE, INC.						S	YSTEM ID# 8421	Name
				TE FEES FOR EAC				
	NTEENTH	SUBSCRIBER GRO		TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
							·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	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	
N	INTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····		·····				·····	
			·····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				**				
Base Rate Fee: Add the Enter here and in block	ne base rat k 3, line 1, s	e fees for each subse pace L (page 7)	criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC.						S	YSTEM ID# 8421	Name
[BLOCK A:			ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU		
COMMUNITY/ AREA	***************************************	CODOCINIDEIX CIXO	0	COMMUNITY/ AREA		- CODOGNIBEN GROC	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	····		<u></u>					Syndicated
								Exclusivity
	<u>.</u>		<u></u>		<u>.</u>			Surcharge for
			···					Partially
								Distant
								Stations
			-					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	ITY-THIRD	SUBSCRIBER GRO		1		I SUBSCRIBER GROU	IP O	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			.					
	····		<u></u>					
			<u></u>					
Total DSEs		•	0.00	Total DSEs	•		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.						S	8421	Name
		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
			····					Distant Stations
Total DSEs			0.00	Total DSEs		11	0.00	
	Gross Receipts First Group \$ 0.00						0.00	
	OSS Receipts First Gloup 3 0.00				•			
Base Rate Fee First Group \$ 0.00		0.00	Base Rate Fee Seco		\$	0.00		
TWENTY COMMUNITY/ AREA	-SEVENTH	SUBSCRIBER GRO)UP 0			SUBSCRIBER GROU	JP 0	
				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
						_		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

	SPARKLIGHT					8421	
	A: COMPUTATION (ATE FEES FOR EAC			ID.	
COMMUNITY/ AREA	TH SUBSCRIBER GRO	0	COMMUNITY/ ARE		1 SUBSCRIBER GRO	0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	•	0.00	Base Rate Fee Sec	and Croup	•	0.00	
	[2				\$		
OMMUNITY/ AREA	ST SUBSCRIBER GRO	<u> 0</u>	COMMUNITY/ ARE		SUBSCRIBER GROU	0	
			COMMUNITY/ AREA				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		0.00	Total DSEs			0.00	
		0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
otal DSEs Gross Receipts Third Group	\$		Total DSEs Gross Receipts Fou	rth Group	\$	_	

LEGAL NAME OF OWNE						S	YSTEM ID#	Name
CABLE ONE, INC.	d/b/a SP	ARKLIGHT					8421	Name
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
THIR	TY-THIRD	SUBSCRIBER GRO	UP	THIR	TY-FOURTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OF ILLE GIGIT	DOL	07 KEE 01014	502	O/ LEE OIGIT	562	O' LEE GIGIT	552	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
				-				Stations
	···		····	-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	Gross Receipts Second Group \$ 0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THIS	TV EIETH	SUBSCRIBER GRO	NI ID	T.	JIDTV QIYTL	I SUBSCRIBER GROU	ID	
COMMUNITY/ AREA	KIT-FIFTH	SUBSCRIBER GRO	0	Ti .				
COMMUNITY AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			<u>.</u>					
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third G	roup	•	0.00	Gross Receipts Four	th Group	¢	0.00	
Cross Necelbis IIIII G	, oup	\$	0.00	Toos Necelpis Four	ar Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add th	e base rat e	e fees for each subs	criber group	as shown in the boxes	above.			
Enter here and in block			<u> </u>			\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 8421								Name
		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Stations
Total DSEs				Total DSEs			0.00	
ross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00		0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	RTY-NINTH	SUBSCRIBER GRO				I SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
			<u>.</u>					
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW						S	SYSTEM ID#	Name
CABLE ONE, IN	υ. α/b/a SP	AKKLIGHT					8421	
				TE FEES FOR EAC				
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ ARE	٩		0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OALL GIGIT	DOL	CALL DIGIT	DOL	CALL GIOIN	DOL	OALL GIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
			·····	-				Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00				
·	Juss Receipts First Gloup				·	·		
Base Rate Fee First	Croup		0.00	Base Rate Fee Seco	and Croup	•	0.00	
Dase Nate ee	Согоир	\$	0.00	Dase Nate I ee Sect	ліц Огоцр	\$	0.00	
F	ORTY-THIRD	SUBSCRIBER GRO	DUP	FOR	TY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA				
		II				TI		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
					•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
2.000 . (000)pto 11111	_ C .5up	.*		S. SEE I (GOO)PIO I OUI	C.oup	<u>*</u>		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				1				
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		
		(pago /)				¥		

LEGAL NAME OF OW						S	SYSTEM ID#	Name
CABLE ONE, IN	υ. α/b/a SP	ARKLIGHT					8421	
				TE FEES FOR EAC				
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	<i></i>		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OF ILL CICIT	562	O/ IEE O'O'T	502	OF ILL STORY	502	CALL SIGIA	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00				
	<u> </u>							
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
	•							
FORT	Y-SEVENTH	SUBSCRIBER GRO	DUP	FO	RTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
O/ IEE OIGIV	BOL	O/ LEE OIOIV	DOL	Of IEE OTOTA	DOL	O/ALL CIGIT	DOL	
				-				
			••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
·	-				•			
D B-4 5	1.0			 	41- 0			
Base Rate Fee Third	a Group	\$	0.00	Base Rate Fee Four	ın Group	\$	0.00	
				Ш				
Page Pate From Adv	ltho beer ==-	o food for oach sub-	oribor ar	an about in the bessel	ahova			
Enter here and in blo			onber group	as shown in the boxes	abuve.	\$		
1								

	PARKLIGHT					8421
			ATE FEES FOR EAC			ID
DMMUNITY/ AREA	H SUBSCRIBER GRO	0	COMMUNITY/ ARE		I SUBSCRIBER GROU	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
SALE GIGIN BOL	CALE GIGIT	DOL	GALL GIGIN	DOL	CALL GIGIT	DOL
tal DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Sec	and Graup	\$	0.00
oss receipts i list Gloup	*		Gross Receipts dec	ona Group	*	0.00
			II.			
se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
FIFTY-FIRS	ST SUBSCRIBER GRO	OUP	FIF	TY-SECOND	SUBSCRIBER GROU	JP
FIFTY-FIRS	ST SUBSCRIBER GRO			TY-SECOND		
	ST SUBSCRIBER GRO	OUP	FIF	TY-SECOND		JP
FIFTY-FIRS		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	JP 0
FIFTY-FIRS		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	JP 0
FIFTY-FIRS		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	JP 0
FIFTY-FIRS		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	JP 0
FIFTY-FIRS		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	JP 0
FIFTY-FIRS		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	JP 0
FIFTY-FIRS		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	JP 0
FIFTY-FIRS		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	JP 0
FIFTY-FIRS		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	JP 0
FIFTY-FIRS		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	JP 0
FIFTY-FIRS		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	JP 0
FIFTY-FIRS		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	JP 0
FIFTY-FIRST DMMUNITY/ AREA CALL SIGN DSE		DSE	CALL SIGN	DSE	SUBSCRIBER GROU	JP 0 DSE
FIFTY-FIRST DMMUNITY/ AREA CALL SIGN DSE Tall DSE tal DSEs	CALL SIGN	DUP DSE DSE 0.00	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE DSE D.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 8421								Name
				TE FEES FOR EAC				
	FTY-THIRD	SUBSCRIBER GRO		tt -		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
				-		-		Surcharge
								for
								Partially
								Distant Stations
								Guudio
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTY-FIFTH	SUBSCRIBER GRO	DUP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block	the base rat ck 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: SABLE ONE, INC. d/b/a SPARKLIGHT 8421							Name
FIFT		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge
		-						for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Firs	eross Receipts First Group \$ 0.00			Gross Receipts Sec	Gross Receipts Second Group \$ 0.00			
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				I SUBSCRIBER GROU	_	
COMMUNITY/ ARE	٩		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs	•		0.00	Total DSEs	•		0.00	
			Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
			criber group	as shown in the boxes	above.	¢		
Enter here and in blo	CK 3, IINE 1, S	space L (page /)				\$		

LEGAL NAME OF OWN						S	SYSTEM ID#	Name
CABLE ONE, INC	. α/b/a SP	AKKLIGHT					8421	
				TE FEES FOR EAC				
	XTY-FIRST	SUBSCRIBER GRO		TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 07.011	202	07.122.0.0.1	332	07.22 0.0.1	202	07.122.01.01.1	202	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
			·····					for
				-				Partially Distant
				-				Stations
	••••		••••					0
			0.00	Total DSEs			0.00	
Gross Receipts First C	Gross Receipts First Group \$ 0.00			Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	XTY-THIRD	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
	·····		····					
				-				
	••••		····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add t	he base rat	e fees for each subs	criber group a	as shown in the boxes	above.			
Enter here and in bloc			5 F			\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 8421								Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
				-				Otations
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXT	Y-SEVENTH	SUBSCRIBER GRO	DUP	S	IXTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in blo	the base rat ock 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		
	,	• ,						

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 8421								Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEV	ENTY-FIRST	SUBSCRIBER GRO	OUP	SEVEN	NTY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	I Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the base rat ck 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		
	,, -	. (1 3/						

LEGAL NAME OF OWNE CABLE ONE, INC.						S	YSTEM ID# 8421	Name
				TE FEES FOR EAC				
	TY-THIRD	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity
	····		····				·····	Surcharge for
	···		····				·····	Partially
								Distant
								Stations
	····						·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	ITY-FIFTH	SUBSCRIBER GRO		ii -		SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							·····	
	····		····				·····	
							·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u> </u>	0.00	Gross Receipts Four	th Group	\$	0.00	
				Section Out	:	·		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	e fees for each subse pace L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	SYSTEM ID#	Name
CABLE ONE, INC	. d/b/a SP	ARKLIGHT					8421	Nume
				TE FEES FOR EAC				
SEVENTY	/-SEVENTH	SUBSCRIBER GRO	DUP	SEVE	NTY-EIGHTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
,					,	·		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-NINTH	SUBSCRIBER GRO	DUP		EIGHTIETH	1 SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·····					
			·····	-				
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			criber group a	as shown in the boxes	above.			
Enter here and in bloo						\$		

LEGAL NAME OF OWN CABLE ONE, INC						S	8421	Name
		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs 0.00			0.00	Total DSEs 0.00				
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	HTY-THIRD	SUBSCRIBER GRO				I SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW CABLE ONE, IN						S	8421	Name
El		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
·	·				•			
Base Rate Fee First	•	\$	0.00	Base Rate Fee Sec		\$	0.00	
EIGHT COMMUNITY/ AREA		SUBSCRIBER GRO)UP 0	EIG COMMUNITY/ ARE		I SUBSCRIBER GROU	JP 0	
				COMMONT I/ AICE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
			criber group	as shown in the boxes	above.			
Enter here and in blo			g. cap			\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 8421							
				TE FEES FOR EAC				
	HTY-NINTH	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
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	ETY-FIRST	SUBSCRIBER GRO		ii .		SUBSCRIBER GROU	1P 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••••							
T-t-LDCC-			0.00	Tetal DOF-			0.00	
Total DSEs	_		0.00	Total DSEs			-	
Gross Receipts Third (roup۔	\$	0.00	Gross Receipts Four	τη Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block	ne base rat k 3, line 1, s	e fees for each subsepace L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OW						S	SYSTEM ID#	Name
CABLE ONE, IN	C. d/b/a SP	ARKLIGHT					8421	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
NI	NETY-THIRD	SUBSCRIBER GRO	DUP	NINE	TY-FOURTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	٩		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Or IEE GIGIT	502	ONEE GIGIT	562	OTTEL STOTE	502	O/ IEE SIGIY	502	Base Rate Fee
			••••					and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
Cross resolpts i list	Огоир			l cross ressipts see	ona Group			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	-							
		SUBSCRIBER GRO				I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
			••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				<u> </u>				
Raco Doto Foo: Ad-	the been ust	o fooe for each aut-	criber group	ae chown in the hove-	abovo			
Enter here and in blo			criber group a	as shown in the boxes	abuve.	\$		

CABLE ONE, INC						S	8421	Name
				TE FEES FOR EAC				
	-SEVENTH	SUBSCRIBER GRO		ii —		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	•	0.00					
Gross Receipts First C	Sioup	\$	0.00	Gloss Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
	ETY-NINTH	SUBSCRIBER GRO		П		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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 t Enter here and in bloc	the base rat ck 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC.						S	8421	Name
				ATE FEES FOR EAC				
	RED FIRST	SUBSCRIBER GRO	UP 0			SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			<u>U</u>	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	····							and Syndicated
								Exclusivity
								Surcharge
	····							for Partially
	····		····					Distant
								Stations
	····		····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDR	RED THIRD	SUBSCRIBER GRO	UP	ONE HUNDF	RED FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····					
	····							
	<u>.</u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
				П				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC						S	8421	Name
				TE FEES FOR EAC				
	RED FIFTH	SUBSCRIBER GRO		li .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
				-				Syndicated Exclusivity
								Surcharge
								for
								Partially
				-				Distant Stations
	····		····					Otations
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	UP	ONE HUND	RED EIGHTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			····	-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc	ne base rat k 3, line 1, s	e tees tor each subso space L (page 7)	criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC						S	8421	Name
				TE FEES FOR EAC				
ONE HUNDI	RED NINTH	SUBSCRIBER GRO		ONE HUND	DRED TENTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-		-		Exclusivity Surcharge
			····	-				for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	ELEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
				-		-		
				-				
				-				
Total DSEs			0.00	Total DSEs	'		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t	he base rat	e fees for each subso	criber group a	as shown in the boxes	above.			
Enter here and in bloc	k 3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 8421								Name
ONE HUNDRED TH				TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP.	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			.					and Syndicated
								Exclusivity
			<u></u>					Surcharge for
								Partially
								Distant
			<u></u>					Stations
					·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	IFTEENTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC.						S	YSTEM ID# 8421	Name
				ATE FEES FOR EAC				
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	JP 0	ONE HUNDRED E		SUBSCRIBER GROU	IP 0	9
COMMONT 17 / N.E./								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
			<u></u>		·····			Stations
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>		·····			
			<u></u>					
	····		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 8421									
ONE HUNDRED TWE		COMPUTATION O	UP	1	NTY-SECONE	IBER GROUP SUBSCRIBER GROUP		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·······		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	····							and Syndicated	
	····		···					Exclusivity	
								Surcharge	
								for	
								Partially Distant	
	····		···					Stations	
					<u></u>				
			<u></u>		·····				
	····		<u> </u>						
Total DSEs		•	0.00	Total DSEs	•		0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00		
o. ded i todo.pto i met o				Oraco Maco.pia acas.	a				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u></u>								
	····		···						
	<u></u>		<u> </u>						
					<mark>.</mark>				
			<u> </u>		·····		·····		
			···						
Total DSEs		•	0.00	Total DSEs	•		0.00		
Gross Receipts Third G	Froun	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
		·			J. Jup	<u>-</u>			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$			

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 8421									
		COMPUTATION C SUBSCRIBER GROU		ONE HUNDRED TO	WENTY-SIXTH	IBER GROUP	0	9		
COMMONT IT AREA				COMMONT IT AREA				Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and Syndicated		
			····					Exclusivity		
								Surcharge		
								for		
								Partially Distant		
								Stations		
			····							
			····							
Total DSEs			0.00	Total DSEs	•		0.00			
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00			
0.000	о цр			State these pie see	5a					
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
ONE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP	1			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		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	e	0.00	Gross Receipts Four	th Group	e	0.00			
C. 000 Neverbia Tilila (Слоцр	\$	<u> </u>	Cross (Cocipis i oui	Group	\$	<u> </u>			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxes	above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 8421									
		COMPUTATION O		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fed	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant Stations	
Total DSEs			0.00	Total DSEs			0.00		
			0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROU	0			SUBSCRIBER GROUP	0		
COMMONT IT AREA				COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$			

CABLE ONE, INC.						<u>.</u>	8421	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	IRTY-THIRD	SUBSCRIBER GROUI		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			····					Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Page Pate Fee First (roup		0.00	Page Pate Fee Soo	and Craun		0.00	
Base Rate Fee First G		OUDCODIDED ODOLU		Base Rate Fee Sec		\$		
COMMUNITY/ AREA	IIKTY-FIFTH	SUBSCRIBER GROUI	0	COMMUNITY/ ARE		SUBSCRIBER GROUP	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	
D D	3		0.00		-41- 0			
Base Rate Fee Third (∍roup	\$	0.00	Base Rate Fee Fou	πn Group	\$	0.00	
Base Rate Fee: Add to Enter here and in block			criber group	as snown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 8421								
ONE HUNDRED THIRTY			Р	11	IIRTY-EIGHTH	IBER GROUP I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
			····					for Partially
								Distant
								Stations
			···					
Total DSEs	•		0.00	Total DSEs	'		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED THII COMMUNITY/ AREA	RTY-NINTH	SUBSCRIBER GROU	P 0	1		SUBSCRIBER GROU	JP 0	
COMMONITY AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW						S	SYSTEM ID#	Name
CABLE ONE, INC	C. d/b/a SP	ARKLIGHT					8421	Nume
				ATE FEES FOR EAC	H SUBSCR	BER GROUP		
		SUBSCRIBER GROU		1		SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIN	DOL	CALL GIGIT	DOL	CALL GIOIN	DOL	OALL SIGIV	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROU				SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i>\</i>		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
			criber group	as shown in the boxes	above.	•		
Enter here and in blo	иск з, iine 1, s	space L (page /)				\$		

LEGAL NAME OF OW						S	SYSTEM ID#	Name
CABLE ONE, INC	C. d/b/a SP	ARKLIGHT					8421	Nume
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROU	Р	ii ee		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FOR	TY-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED FO	ORTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
							-	
Gross Receipts Third	d Group	<u>\$</u>	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	SYSTEM ID#	Name
CABLE ONE, INC	:. d/b/a SP	ARKLIGHT					8421	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
ONE HUNDRED FO	RTY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDRI	ED FIFTIETH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			criber group	as shown in the boxes	above.			
Enter here and in bloo	ck 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 8421								Name
				ATE FEES FOR EAC				
ONE HUNDRED FII COMMUNITY/ AREA	FTY-THIRD	SUBSCRIBER GRO	UP 0	ONE HUNDRED FIF		SUBSCRIBER GROU	1P 0	9
COMMUNITY AREA			<u>U</u>	COMMUNITY AREA	······································			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee
			<u></u>					and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
				-				
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	FTY-FIFTH	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			····	-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш			_	
Base Rate Fee: Add to Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI						S	SYSTEM ID#	Name
CABLE ONE, INC	J. α/b/a SP	AKKLIGHT					8421	
				ATE FEES FOR EAC				
		SUBSCRIBER GROU		TI .		H SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 0.0.1	332	07122 07011	202	07.122 070.1	1 2 2 2	0.122 0.0.1	332	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
			••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
							-	
ONE HUNDRED	FIFTY-NINTH	SUBSCRIBER GROU	IP	1		SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	I Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
			criber group	as shown in the boxes	above.			
Enter here and in blo	ck 3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OW CABLE ONE, IN						S	8421	Name
		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
					<u></u>			Exclusivity Surcharge
								for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	·							
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
COMMUNITY/ADE/		SUBSCRIBER GRO	OUP 0	COMMUNITY/ADE		I SUBSCRIBER GROU	JP O	
COMMUNITY/ AREA				COMMUNITY/ ARE	ч			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				н				
			criber group	as shown in the boxes	above.	¢	0.00	
Enter here and in blo	иск э, IINE 1, S	space L (page 7)				\$	0.00	

SYST					NAME OF OWNER LE ONE, INC. (
OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	EES FOR EACH				В
OUP SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA	/MUNITY/ AREA		UBSCRIBER GROU	FIF I H S	JUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN	ALL SIGN	DSE	CALL SIGN	DSE	L SIGN
				·	
0.00 Total DSEs	l DSEs	0.00			DSEs
0.00 Gross Receipts Second Group \$	ss Receipts Second		}	oup .	Receipts First Gro
	•			·	·
0.00 Base Rate Fee Second Group \$	e Rate Fee Second	0.00	;	oup	Rate Fee First Gro
II.				'	
i i			UBSCRIBER GROU	SEVENTH S	
OUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA	MUNITY/ AREA		UBSCRIBER GROL	SEVENTH S	S MUNITY/ AREA
i i		0	UBSCRIBER GROU	SEVENTH S	
0 COMMUNITY/ AREA		0			//UNITY/ AREA
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DSE CALL SIGN DSE CALL SIGN	I DSEs	0 DSE		DSE	L SIGN
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN O.00 Total DSEs	I DSEs	0 DSE	CALL SIGN	DSE	L SIGN DSEs

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_	ID	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		В
<u> </u>		SUBSCRIBER GROU	IENIN	COMMUNITY/ AREA	0	CONSTRUCTION OF COLUMN	FI I VIIVI	COMMUNITY/ AREA
Comput								
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and								
Syndic								
Exclus Surcha					<u></u>			
for			···		···			
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Dista								
Statio								
	0.00			T	0.00			
<u>u</u>	0.00			Total DSEs	0.00			otal DSEs
<u>0</u>	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
0	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
				H				
		SUBSCRIBER GROU	TWELVTH			SUBSCRIBER GROU	EVENTH	El
0		SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	
		SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA		SUBSCRIBER GROU	EVENTH	
	0				0			COMMUNITY/ AREA
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=	DSE			CALL SIGN	DSE			CALL SIGN
<u></u>	0 DSE		DSE	CALL SIGN Total DSEs	0 DSE		DSE	CALL SIGN CALL SIGN Total DSEs
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		SYSTEM: ARKLIGHT				3	8421	Nar
				ATE FEES FOR EAC				
	EENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Comput
CALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rat
								and
								Syndica Exclusi
								Surcha
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					••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group		\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	I							
Base Rate Fee First Group)	,\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	EENTH S	SUBSCRIBER GROU		1		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
				TT .				
CALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN I	DSE	CALL SIGN			DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
		CALL SIGN				CALL SIGN		

		ARKLIGHT					8421	
or.		SUBSCRIBER GRO		ATE FEES FOR EAG		IBER GROUP I SUBSCRIBER GROU	ID	
SE COMMUNITY/ AREA		CODOCINIDEN GRO	0 0	COMMUNITY/ ARE		1 JOBOONIBER GROU	0	9
								Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
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								Surcharg
								for Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	•				·			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	MINTEENTH	SUBSCRIBER GRO	DUP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•		•••••					
							l	
otal DSEs			0.00	Total DSEs			0.00	
	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Total DSEs	Group	\$			rth Group	\$		
Gross Receipts Third	·	\$	0.00	Gross Receipts Fou			0.00	
	·	\$				\$		

CABLE ONE, INC. d/b/	a SPAI	SYSTEM: RKLIGHT				•	8421	Nam
				ATE FEES FOR EACH				
	IRST S	UBSCRIBER GROL		TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computa
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
					·····			Syndicat Exclusiv
								Surchar
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otal DSEs			0.00	Total DSEs		11	0.00	
	_							
Gross Receipts First Group	<u>\$</u>		0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Group	\$		0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TM/CNITY T		LIDECDIDED CDOL		II				
I VV EIN I T-I	HIRD SI	UBSCRIBER GROL	JP	IWENI	Y-FOURTH	SUBSCRIBER GROU	JP	
	HIRD SI	UBSCRIBER GROU	<u>0</u>	COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA	SE SE	CALL SIGN		1	DSE	CALL SIGN	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN DS			0	COMMUNITY/ AREA			0	
CALL SIGN DS		CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE		DSE	
COMMUNITY/ AREA	SE	CALL SIGN	0 DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	0.00	

CABLE ONE, INC. d/b	/a SPA	SYSTEM: RKLIGHT					8421	Nam
				ATE FEES FOR EACI	H SUBSCR	IBER GROUP		
TWENTY-	FIFTH S	UBSCRIBER GRO		TWE	NTY-SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computa
CALL SIGN D	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
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otal DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First Group	_)		0.00	Gross Receipts Seco	nd Groun	\$	0.00	
iloss (tecelpis i ilst Gloup	_			Gross Receipts occo	на Огоар	Ψ		
	ı			II.				
ase Rate Fee First Group	\$		0.00	Base Rate Fee Seco	nd Group	\$	0.00	
·		UBSCRIBER GROU	<u>'</u>			\$ I SUBSCRIBER GROU		
TWENTY-SEV		UBSCRIBER GROI	<u>'</u>		ITY-EIGHTH			
TWENTY-SEV		UBSCRIBER GROU	UP	TWEN	ITY-EIGHTH		UP	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV OMMUNITY/ AREA	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	UP 0	
TWENTY-SEV	/ENTH SI		DSE	TWEN COMMUNITY/ AREA CALL SIGN	ITY-EIGHTH	I SUBSCRIBER GROU	DSE	
TWENTY-SEV	/ENTH SI		UP 0	TWEN COMMUNITY/ AREA	ITY-EIGHTH	I SUBSCRIBER GROU	DSE	
TWENTY-SEV	/ENTH SI	CALL SIGN	DSE	TWEN COMMUNITY/ AREA CALL SIGN	DSE	I SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	/ENTH SI	CALL SIGN	DSE O.00	TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	
TWENTY-SEV	P \$	CALL SIGN	DSE O.00	TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE h Group	CALL SIGN	DSE	

•	SPARKLIGHT				`	8421	Name
	(A: COMPUTATION		ATE FEES FOR EAC				
	NTH SUBSCRIBER GR				SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computa
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicat
							Exclusiv Surchar
							for
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							Distant
							Station
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THIRTY-FII	RST SUBSCRIBER GR	ROUP	THIR	TY-SECONE	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSI	E CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	_	
	E CALL SIGN				CALL SIGN	0	
	E CALL SIGN				CALL SIGN	0	
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CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN DS		0.00	Total DSEs	DSE		0.00	
	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

		ARKLIGHT					8421	
				ATE FEES FOR EAC			ID	
OMMUNITY/ AREA	ו ו-וחואט	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GROU	0	9
ZWIWONIT I/ ARLA				COMMONT I/ AREA				Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
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								Surcharg for
			···					Partiall
			···					Distant
								Station
			<u></u>					
			<u></u>					
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tal DSEs			0.00	Total DSEs			0.00	
oss Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
						·		
THIR	TY-FIFTH	SUBSCRIBER GRO		TI	HIRTY-SIXTH	SUBSCRIBER GROU	JP	
THIR DMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GRO	UP 0	TI COMMUNITY/ AREA		I SUBSCRIBER GROU	JP 0	
	DSE	SUBSCRIBER GRO				SUBSCRIBER GROU		
DMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
DMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
DMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
DMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
DMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
DMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
DMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
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DMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
DMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
DMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN			DSE	COMMUNITY/ AREA	A		DSE	
DMMUNITY/ AREA CALL SIGN atal DSEs	DSE	CALL SIGN	0 DSE	COMMUNITY/ ARE/	DSE	CALL SIGN	0.00	
CALL SIGN	DSE		DSE	COMMUNITY/ AREA	DSE		DSE	
DMMUNITY/ AREA CALL SIGN atal DSEs	DSE	CALL SIGN	0 DSE	COMMUNITY/ ARE/	DSE	CALL SIGN	0.00	
DMMUNITY/ AREA CALL SIGN atal DSEs	DSE	CALL SIGN	0 DSE	COMMUNITY/ ARE/	DSE The Group	CALL SIGN	0.00	

CABLE ONE, INC.	R OF CABL					•	8421	Name
		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP	LID	
COMMUNITY/ AREA	-SLVLIVIII	SOBSCRIBER GRO	0	COMMUNITY/ AREA		T SOBSCITIBLIT GIVE	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and Syndicate
	···							Exclusivit
								Surcharge
								for Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
	ralin	•	0.00		and Croun	•	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	oria Group	\$		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	RTY-NINTH	SUBSCRIBER GRO)UP		FORTIETH	I SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN				CALL SIGN		
	DSE	CALL SIGN				CALL SIGN		
	DSE	CALL SIGN				CALL SIGN		
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CALL SIGN	DSE	CALL SIGN				CALL SIGN		
CALL SIGN		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third (DSE	Total DSEs	DSE		0.00	
CALL SIGN	Group		DSE	Total DSEs	DSE		0.00	

	SPARKLIGHT				`	8421	Name
			ATE FEES FOR EAG				
	RST SUBSCRIBE		TI .		SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computa
CALL SIGN DS	E CALL SIGI	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicat
							Exclusiv Surchar
							for
							Partiall
							Distant
							Station
		<u></u>					
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY-TH	IIRD SUBSCRIBE	R GROUP	FO	RTY-FOURTH	SUBSCRIBER GRO	UP	
			Ti .	***************************************		· ·	
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0	
COMMUNITY/ AREA CALL SIGN DS	E CALL SIGI		COMMUNITY/ ARE		CALL SIGN	_	
	E CALL SIGI			Α		0	
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CALL SIGN DS	E CALL SIGI	N DSE	CALL SIGN	Α		DSE	
CALL SIGN DS		0.00	Total DSEs	A DSE	CALL SIGN	0.00	
CALL SIGN DS	E CALL SIGI	N DSE	CALL SIGN	A DSE		DSE	

CABLE ONE, INC. U/b/a	ABLE SYSTEM: SPARKLIGHT				`	8421	Name
	A: COMPUTATION (ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
	TH SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computa
CALL SIGN DSE	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicat
							Exclusiv Surchar
							for
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							Distant
							Station
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FORTY-SEVEN	ITH SUBSCRIBER GRO	OUP	FOR	RTY-EIGHTH	I SUBSCRIBER GRO	JP	
	ITH SUBSCRIBER GRO	OUP 0	FOR COMMUNITY/ AREA		I SUBSCRIBER GROU	UP 0	
	II.		1		SUBSCRIBER GROU	_	
COMMUNITY/ AREA	II.	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
OMMUNITY/ AREA	II.	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
COMMUNITY/ AREA	II.	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
COMMUNITY/ AREA	II.	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
COMMUNITY/ AREA	II.	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
COMMUNITY/ AREA	II.	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
COMMUNITY/ AREA	II.	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
COMMUNITY/ AREA	II.	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
COMMUNITY/ AREA	II.	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
COMMUNITY/ AREA	II.	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
COMMUNITY/ AREA	II.	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
COMMUNITY/ AREA	II.	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
CALL SIGN DSE	II.	DSE	CALL SIGN		——————————————————————————————————————	DSE	
CALL SIGN DSE	E CALL SIGN	0 DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
CALL SIGN DSE	II.	DSE	CALL SIGN	DSE	——————————————————————————————————————	DSE	

8421 Nai							
	BER GROUP SUBSCRIBER GROUP		ATE FEES FOR EAC		COMPUTATION O SUBSCRIBER GRO		
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DSE o	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base R							
ar				<u>.</u>			
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		····		····			
				0.00			
0.00			Total DSEs	0.00			otal DSEs
0.00	\$	d Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First Gr
0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	oup	ase Rate Fee First Gr
	SUBSCRIBER GROUP	V-SECOND					
		I-OLOGIND	Ti .		SUBSCRIBER GRO	TY-FIRST	FIF
0			COMMUNITY/ AREA	0	SUBSCRIBER GRO	TY-FIRST	
DSE	CALL SIGN	DSE	Ti .		SUBSCRIBER GRO	TY-FIRST	OMMUNITY/ AREA
	CALL SIGN		COMMUNITY/ ARE	0			OMMUNITY/ AREA
	CALL SIGN		COMMUNITY/ ARE	0			
	CALL SIGN		COMMUNITY/ ARE	0			COMMUNITY/ AREA
	CALL SIGN		COMMUNITY/ ARE	0			COMMUNITY/ AREA
	CALL SIGN		COMMUNITY/ ARE	0			COMMUNITY/ AREA
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	CALL SIGN		COMMUNITY/ ARE	0			COMMUNITY/ AREA
	CALL SIGN		COMMUNITY/ ARE	0			COMMUNITY/ AREA
	CALL SIGN		COMMUNITY/ ARE	0			COMMUNITY/ AREA
	CALL SIGN		COMMUNITY/ ARE	0			COMMUNITY/ AREA
	CALL SIGN		COMMUNITY/ ARE	0			COMMUNITY/ AREA
	CALL SIGN		COMMUNITY/ ARE	0			COMMUNITY/ AREA
	CALL SIGN		COMMUNITY/ ARE	0			COMMUNITY/ AREA
DSE	CALL SIGN		CALL SIGN	DSE			CALL SIGN
DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE		DSE	CALL SIGN CALL SIGN Total DSEs
DSE	CALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Total DSEs
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DSE		DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs

CABLE ONE, INC. d/b/s		STEM: (LIGHT					8421	Name
				ATE FEES FOR EAC				
	HIRD SUB	SCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computa
CALL SIGN DS	SE C	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat Exclusiv
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								for
			<u> </u>					Partially
								Distant Stations
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Fotal DSEs			0.00	Total DSEs		11	0.00	
	_							
Gross Receipts First Group	<u>\$</u>		0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$		0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	\$ FIFTH SUB	SCRIBER GROU	<u> </u>			SUBSCRIBER GROU		
FIFTY-F	FIFTH SUE	SCRIBER GROU	<u> </u>		FIFTY-SIXTH			
FIFTY-F		SCRIBER GROU	UP		FIFTY-SIXTH		UP	
FIFTY-F			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F COMMUNITY/ AREA CALL SIGN DS			UP 0	COMMUNITY/ AREA	FIFTY-SIXTH	I SUBSCRIBER GROU	UP 0	
FIFTY-F COMMUNITY/ AREA CALL SIGN DS Total DSEs	SE C.		DSE	CALL SIGN	DSE	I SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	SE C.		DSE DSE	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	

	SPARKLIGHT				`	8421	Name
	A: COMPUTATION (ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
	ITH SUBSCRIBER GRO		li		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computa
CALL SIGN DSE	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicat
							Exclusiv Surchar
				•••••			for
							Partiall
							Distant
							Station
		•••••					
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIFTY-NIN	ITH SUBSCRIBER GRO	OUP		SIXTIETH	SUBSCRIBER GROU	UP	
			III				
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	E CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	_	
	E CALL SIGN				——————————————————————————————————————	0	
	E CALL SIGN				——————————————————————————————————————	0	
	E CALL SIGN				——————————————————————————————————————	0	
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CALL SIGN DSE	E CALL SIGN				——————————————————————————————————————	0	
	E CALL SIGN				——————————————————————————————————————	0	
CALL SIGN DSE	E CALL SIGN	DSE	CALL SIGN		——————————————————————————————————————	DSE	
CALL SIGN DSE		DSE	Total DSEs	DSE	CALL SIGN	0.00	
	E CALL SIGN	DSE	CALL SIGN	DSE	——————————————————————————————————————	DSE	

	CABLE SYSTEM: A SPARKLIGHT				·	8421	Name
			ATE FEES FOR EAC				
	RST SUBSCRIBE		TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	٩		0	Computa
CALL SIGN DS	E CALL SIGN	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicat
							Exclusiv Surchar
	·····						for
							Partiall
							Distan
							Station
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-TI	HIRD SUBSCRIBE	RGROUP	SI	KTY-FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	E CALL SIGN	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	SE CALL SIGN	l DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	E CALL SIGN	l DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	E CALL SIGN	I DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	SE CALL SIGN	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	E CALL SIGN	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	SE CALL SIGN	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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CALL SIGN DS	SE CALL SIGN	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	SE CALL SIGN			DSE	CALL SIGN		
Total DSEs		0.00	Total DSEs			0.00	
	SE CALL SIGN				CALL SIGN		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE OF Base Rate and Syndical Exclusion Surchar for Partiall Distan	CABLE ONE, INC.		E SYSTEM: ARKLIGHT				•	8421	Name
CALL SIGN DSE CALL SIGN					ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate and Syndical Station Fotal DSEs		TY-FIFTH	SUBSCRIBER GRO		ii e		SUBSCRIBER GROU	JP	٥
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate CALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Base Rate Fee Erist Group Sixty-Seventh Subscriber Group Sixty-Seventh Subscriber Group CALL SIGN DSE CAL	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicate Exclusive Syndicate Syndic									Base Rate
									and
Surcharg for Partially Distant Stations									Syndicate
for partial Distant Station									
Partiall Distant Stations Cotal DSEs									
Distant Station: Distant Station		-							
Station Sta		-							
otal DSEs									
ase Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-SEVENTH SUBSCRIBER GROUP CALL SIGN DSE CALL									
ase Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-SEVENTH SUBSCRIBER GROUP CALL SIGN DSE CALL									
Sicross Receipts First Group Sixty-Seventh Subscriber Group Community/ Area Com									
Stross Receipts First Group Sase Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL									
Stross Receipts First Group Sase Rate Fee First Group SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL									
Siross Receipts First Group Sixty-Seventh Subscriber Group Sixty-Area CALL SIGN DSE CALL									
SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	otal DSEs			0.00	Total DSEs			0.00	
SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
SIXTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DS									
CALL SIGN DSE CA	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	SIXTY-	SEVENTH	SUBSCRIBER GRO	UP	SI	XTY-EIGHTH	I SUBSCRIBER GROU	JP	
otal DSEs 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		-							
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		1							
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
\$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		roup	\$			th Group	\$		
		roup	\$			th Group	\$		
	Gross Receipts Third G			0.00	Gross Receipts Four			0.00	

CABLE ONE, INC. d/b/a S	PARKI IGHT				•	8421	Name
						0421	
	A: COMPUTATION (H SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP H SUBSCRIBER GROU	ID	
COMMUNITY/ AREA	n SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		1 SUBSCRIBER GROU	0	9
				`			Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fee
							and
							Syndicated Exclusivity
							Surcharge
							for
							Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	·			·	·		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTY-FIRS	T SUBSCRIBER GRO	OUP	SEVEN	ITY-SECONE	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	
	_			41.0	_		
	\$	0.00	Gross Receipts Fou	τη Group	<u>\$</u>	0.00	
Gross Receipts Third Group		l					

CABLE ONE, INC. d/b		E SYSTEM: ARKLIGHT				\$	8421	Nan
				ATE FEES FOR EACH				
	THIRD	SUBSCRIBER GROU		TI .	Y-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Comput
CALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndica
								Exclusiv Surchar
					····			for
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					···			
			-					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group)	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Group)	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVENTY	-FIFTH	SUBSCRIBER GRO	JP	SEVE	NTY-SIXTH	SUBSCRIBER GROU	JP	
	-FIFTH :	SUBSCRIBER GROI	UP 0	SEVE COMMUNITY/ AREA	NTY-SIXTH	SUBSCRIBER GROU	JP 0	
OMMUNITY/ AREA	DSE	SUBSCRIBER GROU		1	DSE	SUBSCRIBER GROU	_	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN [DSE	COMMUNITY/ AREA CALL SIGN			DSE	
CALL SIGN [DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
CALL SIGN [DSE		DSE	COMMUNITY/ AREA CALL SIGN	DSE		DSE	

-, 12-12 - 011-, 111-01 - 111-	SPARKLIGHT				•	8421	Name
	A: COMPUTATION C		11				
	TH SUBSCRIBER GRO		TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computa
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicate
							Exclusiv
				·····			Surcharç for
				•••••			Partially
							Distant
							Stations
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
				•			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SEVENTY-NIN	TH SUBSCRIBER GRO	OUP		EIGHTIETH	I SUBSCRIBER GROU	JP	
	TH SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	UP 0	
	II .		COMMUNITY/ AREA		SUBSCRIBER GROU		
COMMUNITY/ AREA	II .	0				0	
COMMUNITY/ AREA	II .	0				0	
COMMUNITY/ AREA	II .	0				0	
COMMUNITY/ AREA	II .	0				0	
COMMUNITY/ AREA	II .	0				0	
COMMUNITY/ AREA	II .	0				0	
COMMUNITY/ AREA	II .	0				0	
COMMUNITY/ AREA	II .	0				0	
COMMUNITY/ AREA	II .	0				0	
COMMUNITY/ AREA	II .	0				0	
COMMUNITY/ AREA	II .	0				0	
COMMUNITY/ AREA	II .	0				0	
CALL SIGN DSE	II .	DSE	CALL SIGN			DSE	
CALL SIGN DSE	E CALL SIGN	0 DSE	Total DSEs	DSE	CALL SIGN	0.00	
CALL SIGN DSE	II .	DSE	CALL SIGN	DSE		DSE	

	SPARKLIGHT				\$	8421
	A: COMPUTATION C					ID.
COMMUNITY/ AREA	ST SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GROU	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00
	RD SUBSCRIBER GRO	DUP	EIG	₁TV₋E∩I IRT⊦	I SUBSCRIBER GROU	ID I
OMMINITY/ AREA		0	TI .			
OMMUNITY/ AREA		0	COMMUNITY/ ARE.			0
	CALL SIGN	DSE	TI .		CALL SIGN	
	CALL SIGN		COMMUNITY/ ARE	Α		0
	CALL SIGN		COMMUNITY/ ARE	Α		0
	CALL SIGN		COMMUNITY/ ARE	Α		0
	CALL SIGN		COMMUNITY/ ARE	Α		0
	CALL SIGN		COMMUNITY/ ARE	Α		0
	CALL SIGN		COMMUNITY/ ARE	Α		0
	CALL SIGN		COMMUNITY/ ARE	Α		0
	CALL SIGN		COMMUNITY/ ARE	Α		0
	CALL SIGN		COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN		COMMUNITY/ ARE	Α		0
	CALL SIGN		COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE		0 DSE
	CALL SIGN	DSE	COMMUNITY/ ARE	DSE		DSE

	SPARKLIGHT				•	8421	Name
			ATE FEES FOR EAC				
	FTH SUBSCRIBE		TI .		SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN DS	E CALL SIGN	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicate
							Exclusivi
							Surcharg for
				•••••			Partially
							Distant
							Stations
otal DSEs	"	0.00	Total DSEs			0.00	
		0.00		d C	•		
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGHTY-SEVEI	NTH SUBSCRIBE	R GROUP	EIG	HTV EIGHTL	SUBSCRIBER GRO	IIP	
			+	III I-LIGIIII	T GOBOOTTIBETT OFTO	01	
COMMUNITY/ AREA		0	COMMUNITY/ ARE		T CODECINIDENT CINC	0	
CALL SIGN DS	E CALL SIGN	0			CALL SIGN	_	
	E CALL SIGN	0	COMMUNITY/ ARE	Α		0	
	E CALL SIGN	0	COMMUNITY/ ARE	Α		0	
	E CALL SIGN	0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	E CALL SIGN	0	COMMUNITY/ ARE	Α		0	
	E CALL SIGN	0	COMMUNITY/ ARE	Α		0	
	E CALL SIGN	0	COMMUNITY/ ARE	Α		0	
	E CALL SIGN	0	COMMUNITY/ ARE	Α		0	
	E CALL SIGN	0	COMMUNITY/ ARE	Α		0	
	E CALL SIGN	0	COMMUNITY/ ARE	Α		0	
	E CALL SIGN	0	COMMUNITY/ ARE	Α		0	
	E CALL SIGN	0	COMMUNITY/ ARE	Α		0	
	E CALL SIGN	0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	E CALL SIGN	N DSE	COMMUNITY/ ARE	Α		DSE	
CALL SIGN DS		O DSE	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
	E CALL SIGN	N DSE	COMMUNITY/ ARE	DSE		DSE	

SYSTEM ID# 8421				ARKLIGHT	C. d/b/a SP	CABLE ONE, INC.
		TE FEES FOR EAC				
BSCRIBER GROUP 0	NINTETH	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GRO		COMMUNITY/ AREA
CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
В						
	<u>-</u>		<u></u>			
	<u>-</u>		<u></u>			
	<u>.</u>					
0.00		Total DSEs	0.00			otal DSEs
0.00	d Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
0.00	d Group	Base Rate Fee Seco	0.00	\$	Group	ase Rate Fee First G
DOODIDED ODOLID						
BSCRIBER GROUP	/-SECOND			SUBSCRIBER GRO		
0	/-SECOND	NINE COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO		
	/-SECOND			SUBSCRIBER GRO		OMMUNITY/ AREA
0		COMMUNITY/ AREA	0		A	OMMUNITY/ AREA
0		COMMUNITY/ AREA	0		A	OMMUNITY/ AREA
0		COMMUNITY/ AREA	0		A	OMMUNITY/ AREA
0		COMMUNITY/ AREA	0		A	OMMUNITY/ AREA
0		COMMUNITY/ AREA	0		A	OMMUNITY/ AREA
0		COMMUNITY/ AREA	0		A	OMMUNITY/ AREA
0		COMMUNITY/ AREA	0		A	OMMUNITY/ AREA
0		COMMUNITY/ AREA	0		A	
0		COMMUNITY/ AREA	0		A	COMMUNITY/ AREA
0		COMMUNITY/ AREA	0		A	COMMUNITY/ AREA
0		COMMUNITY/ AREA	DSE		A	CALL SIGN
CALL SIGN DSE	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	0		DSE	CALL SIGN CALL SIGN Cotal DSEs
CALL SIGN DSE	DSE	COMMUNITY/ AREA	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA

		SYSTEM: ARKLIGHT				•	8421	Name
				ATE FEES FOR EAC				
	-THIRD S	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat Exclusiv
								Surcharg
								for
								Partially
								Distant Stations
								Otation
otal DSEs			0.00	Total DSEs		!!	0.00	
Gross Receipts First Grou	p .	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Grou	р	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NINETY	/-FIFTH S	SUBSCRIBER GRO	UP	N	INETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					······			
Fotal DSEs			0.00	Total DSEs			0.00	
	JÞ	\$	0.00	Total DSEs Gross Receipts Foul	th Group	\$	0.00	
Fotal DSEs Gross Receipts Third Grou	1p	\$			th Group	\$		

LEGAL NAME OF OWNER OF CABLE ONE, INC. d/b/a		т			\$	8421	Name
			ATE FEES FOR EAC				
NINETY-SEVE COMMUNITY/ AREA	NTH SUBSCRIBE	ER GROUP 0	COMMUNITY/ ARE		1 SUBSCRIBER GRO	UP 0	9
							Computation
CALL SIGN DS	SE CALL SIG	GN DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F
							and
							Syndicate
							Exclusivit
							Surcharge
							for
							Partially
							Distant Stations
							Stations
Total DSEs		0.00	Total DSEs			0 DSE	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINETY-N	NTH SUBSCRIBE	ER GROUP	ONE	HUNDREDTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	SE CALL SIG	ON 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	
3ase Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Gross Receipts Third Group Base Rate Fee Third Group							

CABLE ONE, INC.						\$	8421	Name
		COMPUTATION C		ATE FEES FOR EAC		RIBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
				-				Exclusivity Surcharge
								for
								Partially Distant
								Stations
				-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	ED THIRD	SUBSCRIBER GRO		ii .		1 SUBSCRIBER GROU	JP o	
COMMUNITY/ AREA		0		COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	e fees for each subs	criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.						\$	8421	Name
				ATE FEES FOR EAC				
ONE HUNDI COMMUNITY/ AREA	RED FIFTH	SUBSCRIBER GRO	0 0	ONE HUN COMMUNITY/ AREA		I SUBSCRIBER GROU	JP 0	9
COMMONIT IT AREA				COMMONT IT AIRE				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
	····							Surcharge for
								Partially
								Distant
	····							Stations
	····							
				-				
Total DSEs	_		0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	DUP	ONE HUND	RED EIGHTH	I 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 Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	ne base rat c 3, line 1, s	e fees for each subs	criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.						;	SYSTEM ID#	Name
							8421	
		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP I SUBSCRIBER GRO	ID	
COMMUNITY/ AREA	LU INIINI U	CODOCINDEN GRO	0	COMMUNITY/ AREA		1 CODOCNIDEN GRO	0	9
					`			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
	····		····					Surcharge
								for
								Partially
								Distant
			<u>.</u>					Stations
	···		····					
Total DSEs			0.00	Total DSEs			0 DSE	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO)UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Door Data For Third C	· rour		0.00	Book Pete Fee F	eth Crave			
Base Rate Fee Third G	поир	<u> </u> \$	0.00	Base Rate Fee Fou	uı Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE						•	SYSTEM ID#	Name
							8421	
				TE FEES FOR EAC			up.	
ONE HUNDRED TH	RIEENIH	SUBSCRIBER GRO		Ti .		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		0.122.5.0.1				0.122.0.0		Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
			····					Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00 0.00 0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F	IFTEENTH	SUBSCRIBER GRO)UP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i>A</i>		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
			<u>.</u>				······	
			·····	-				
				-				
	····		····					
Total DSEs	_		0.00	Total DSEs			0.00	
	Proup	¢	0.00		th Group	•	0.00	
Gross Receipts Third (νιοαμ	<u>\$</u>	0.00	Gross Receipts Four	ωι Θιουρ	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						•	8421	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		<u> </u>
ONE HUNDRED SE	VENTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	EIGHTEENTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
				-				Syndicated
				-				Exclusivity
					······		·······	Surcharge for
			·····					Partially
								Distant
								Stations
				-				
T / 1 DOE			0.00	T / I DOE			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	NINTEENTH	SUBSCRIBER GRO)UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	//////////////////////////////////////		0		Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			····		······		······	
				-			·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	_							
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC. o			•			S	YSTEM ID# 8421	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	ITY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-SECONE	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
					····			Surcharge for
					••••			Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	ITY-FOURTH	SUBSCRIBER GROUP	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	s shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC. (S	8421	Name
			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	NTY-FIFTH	SUBSCRIBER GROUP		†	ENTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
								Syndicated
				-				Exclusivity Surcharge
		-						for
								Partially
								Distant
								Stations
					<u> </u>			
				-				
							0.00 0.00 0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NE HUNDRED TWENTY	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	NTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
								
					····		·····	
					<u></u>			
					···			
					<u> </u>			
					<u></u>			
							0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Baca Bata Foo: Add the	hase rate	e fees for each subscr	iber group a	as shown in the boxes al	oove.			

CABLE ONE, INC. o		E SYSTEM: ARKLIGHT				•	8421	Nan
BL	OCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP	>	ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndica
								Exclusiv
								Surchar
								for
								Partial
								Distan
								Station
					····			
					···			
atal DOEs				Tatal DOF			0.00	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gro	up	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
ase Rate Fee First Gro	up	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP	ɔ	ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP)	
				H	TT OLOGINE			
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN		ii e	DSE	CALL SIGN		
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
	DSE	CALL SIGN	0	COMMUNITY/ AREA		——————————————————————————————————————	0	
CALL SIGN	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN		——————————————————————————————————————	DSE	
CALL SIGN			0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
CALL SIGN		CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	DSE	——————————————————————————————————————	DSE	
CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third Gross			0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
CALL SIGN	oup		0.00	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE STORY OF THE PROPERTY OF T	CALL SIGN	0.00	
CALL SIGN Cotal DSEs Gross Receipts Third Gross	oup		0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	DSE STORY OF THE PROPERTY OF T	S S	0.00 0.00	

LEGAL NAME OF OWN						;	SYSTEM ID#	Name
							8421	
				TE FEES FOR EAC				
ONE HUNDRED TH	IIRTY-THIRD	SUBSCRIBER GROU		ii e		H SUBSCRIBER GROUP	0	9
COMMUNITY AREA			0	COMMUNITY/ ARE	······································		U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-				Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
				-				
		Ц	0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00 0.00 0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	RTY-FIFTH	SUBSCRIBER GRO)UP	ONE HUNDRED T	HIRTY-SIXTH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····	-	·····	-	······			
	·····		••••					
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add t	he base rat	e fees for each subs	criber aroun	as shown in the boxes	above			
Enter here and in bloc			s.ibsi gioup	20 Onomi ili ule boxes		\$		

		ARKLIGHT					8421	
ONE 111115=== = :::=				ATE FEES FOR EAC				
		SUBSCRIBER GROU		11		SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	٩		U	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv
								Surcharg
								for
								Partially
								Distant Stations
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
recorrections in the	огоцр			Cross resorpts ess	ona Oroup	<u>*</u>		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	RTY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN		CALLSION	DSE	CALL SIGN	1			
	DSE	CALL SIGN	DOL	-	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DOL		DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DOL		DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	BGE		DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	552		DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	552		DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	502		DSE	CALL SIGN	DSE	
	DSE	CALL SIGN			DSE	CALL SIGN	DSE	
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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TWENTY-SIXTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

Line 2: Enter the Exempt DSEs

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TWENTY-FIFTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

Line 2: Enter the Exempt DSEs

SYSTEM ID#

8421

Name CABLE ONE, INC. d/b/a SPARKLIGHT

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Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
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Stations

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROU	JP
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If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:

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

INSTRUCTIONS:

- Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.
- Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.
- Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.
- Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

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

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

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FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-NINTH SUBSCRIBER GROUP THIRTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRTY-FIRST SUBSCRIBER GROUP THIRTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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SYSTEM ID# Name CABLE ONE. INC. d/b/a SPARKLIGHT 8421

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

Stations

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

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. ONE HUNDRED NINTH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs _ Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1

and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation

SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE

Second Group

ONE HUNDRED ELEVENTH SUBSCRIBER GROUP	ONE HUNDRED TWELVTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
this subscriber group	this subscriber group
subject to the surcharge	subject to the surcharge
computation	computation
SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
Third Croup	SURCHARGE Equith Croup

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

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Computation **Base Rate Fee** and Syndicated **Exclusivity** Surcharge for **Partially**

Distant

Stations

Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:

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

INSTRUCTIONS:

- Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.
- Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.
- Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

Line 2: Enter the Exempt DSEs

Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP

Line 2: Enter the Exempt DSEs

Line 1: Enter the VHF DSEs

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

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SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown **ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 20 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 8421 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation ☐ First 50 major television market ☐ Second 50 major television market of INSTRUCTIONS: **Base Rate Fee** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs _ Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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