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						
8-26-21	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2021/1								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	CABLE ONE, INC. d/b/a SPARKLIGHT								
				10379	920211				
				10379	2021/1				
	210 E EARLL DRIVE PHOENIX, AZ 85012								
С	INSTRUCTIONS: In line 1, give any business or trade names used to id								
System	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	the system, if diffe	erent from the address giver	n in space B	'-				
System	1 SPARKLIGHT								
	MAILING ADDRESS OF CABLE SYSTEM: 1007 N ONE MILE RD								
	2 (Number, street, rural route, apartment, or suite number) DEXTER, MO 63841 (City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comm	nunity served below and reli	et on nage 1	1h				
Area	with all communities.	orny the hat comm	idility served below and rem	ot on page 1					
Served	CITY OR TOWN	STATE							
First	DEXTER	МО							
Community	Below is a sample for reporting communities if you report multiple cha			ı					
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP	-	GRP#				
Sample	Alliance	MD	A B		2				
	Gering	MD	В		3				

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

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 10379 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 Area 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 SUB GRP# CITY OR TOWN STATE **DEXTER** MO AA 1 **First BERNIE** MO AA 1 Community **BLOOMFIELD** MO AA 1 **ESSEX** MO AA 1 **DUNKLIN CO.** MO **AB** 2 2 **CAMPBELL** AB MO See instructions for 2 **CLARKTON** MO AB additional information on alphabetization. **HOLCOMB** 2 MO AB **MALDEN** MO AB 3 AC AB 3 5 **PARMA** MO 3 AB Add rows as necessary. **PORTAGEVILLE** MO AB 3 3 **RISCO** MO **AB KENNETT** MO AD 4 **SENATH** MO AD 4 CLAY CO. AR AC 5 **GREENWAY AR** AC 5 **PIGGOTT** AR AC 5 **POLLARD** 5 AR AC RECTOR AR AC 5 ST. FRANCIS AR AC 5 5 **GREENE CO.** AR AC **LAFE** AC AR 5 **MARMADUKE** 5 **AR** AC STEELE MO **AD** 6 PEMISCOT CO. MO AD 6 7 **WARDELL** MO AD **HOMESTOWN** AD MO NORTH WARDELL MO AD

······································

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10379

CABLE ONE, INC. d/b/a SPARKLIGHT

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	CATEGORY OF SERVICE SUBSCRIBERS RATE	
Residential:					
 Service to first set 	3,694	\$	40.00		
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	218	\$	40.50		
Commercial					
Converter					
Residential					
Non-residential					

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	R	ATE	CATEGORY OF SERVICE	F	RATE
Continuing Services:		Installation: Non-residential					
Pay cable	\$9-\$18	Motel, hotel			EXPANDED	\$	88.00
 Pay cable—add'l channel 		Commercial			DIGITAL FAMILY PAK	\$	16.00
Fire protection		Pay cable			STARZ SUPER	\$	19.00
 Burglar protection 		Pay cable-add'l channel			SHOWTIME/TMC	\$	10.99
Installation: Residential		Fire protection			HBO MULTI SCREEN	\$	19.00
First set	\$ 30.00	Burglar protection			CINEMAX MULTI SCREEN	\$	19.00
 Additional set(s) 		Other services:					
• FM radio (if separate rate)		Reconnect	\$	90.00			
Converter		Disconnect					
		Outlet relocation					
		Move to new address					

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	ER OF CARLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN			-		10379	Name
PRIMARY TRANSMITTE						
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, s basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement	G, identify every ystem during the ons in effect or .61(e)(2) and (6 sis, as explaine stations: With records and also in space only on a substand also in space on the station's call associated with2". Simulcast a channel number of the case we entering the least), "E" (for repair of the case of the c	r television stane accounting in June 24, 194, or 76.63 (r d in the next respect to any ations, or auth G—but do listitute basis. ace I, if the stateming substitute sign. Do not r in a station acceptable streams must be the FCC here station. Whether the station acceptage (v) of the character "N" (for neceptage (v) of the c	period, except 81, permitting the eferring to 76.6° paragraph. of distant stations orizations: tit in space I (the stion was carried tute basis station report origination cording to its over the period of the effect of the stion was assigned to the same I 4 in Wash action is a network), "N-M" (to a general instruction I a same I instruction I in the same I in the	(1) stations carried e carriage of certal (e)(2) and (4))]; a carried by your context of the carried by th	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing	G Primary Transmitters: Television
the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	a primary transi simulcasts, also ree categories e location of ea Canadian statio	mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give	ssociation repre you carried the of the general in Furous. stations, e the name of th	senting the primal channel on any ot nstructions locate list the community e community with	ry transmitter, enter the designa- ther basis, enter "O." For a further and in the paper SA3 form. If you which the station is licensed by the and which the station is identifed.	
		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	
KBSI	36.1	I	No		CAPE GIRARDEAU, MO]
KFVS	11.1	N	No		CAPE GIRARDEAU, MO	See instructions for
KFVS-2	11.2	I-M	No		CAPE GIRARDEAU, MO	additional information
WDKA-2	25.2	I-M	No		PADUCAH, KY	on alphabetization.
KFVS-4	11.4	I-M	No		CAPE GIRARDEAU, MO]
КРОВ	15.1	N	No		POPLAR BLUFF, MO	
WPSD	19.1	N	No		PADUCAH, KY	
WPSD-3	19.3	I-M	No		PADUCAH, KY	
WTCT	30		Yes	0	MARION, IL	
KTEJ	20.1	E	Yes	0	JONESBORO, AR	
KFVS-3	11.3	I-M	No		CAPE GIRARDEAU, MO	1
KBSI-2	36.2	I-M	No		CAPE GIRARDEAU, MO	1
KFVS-5	11.5	I-M	No		CAPE GIRARDEAU, MO	•
WDKA-3	25.3	I-M	No		PADUCAH, KY	
					<u> </u>	
WDKA-4	25.4 36.3	I-M	No No		PADUCAH, KY	
KBSI-3		I-M	No No		CAPE GIRARDEAU, MO	
KPOB-3	15.3	I-M	No No		POPLAR BLUFF, MO	
KPOB-4	15.4	I-M	No		POPLAR BLUFF, MO]

LEGAL NAME OF OW	/NER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE,			•		10379	Name
•						
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program b Substitute Basis basis under specifc F • Do not list the static station was carrie • List the station here basis. For further in the paper SA3 Column 1: List ea each multicast stream cast stream as "WET WETA-simulcast). Column 2: Give t its community of licer on which your cable Column 3: Indical	or G, identify every system during the ations in effect or 76.61(e)(2) and (rasis, as explaine Stations: With rec C rules, regular on here in space d only on a subset, and also in spatianformation concorn. The ach station's call massociated with TA-2". Simulcast the channel numbers. For example, system carried the in each case with the ineach case with the system carried the case with the c	r television stare accounting in June 24, 1984), or 76.63 (rd in the next prespect to any ations, or auth G—but do list titute basis. In the stare in a station acceptance of the property of the stare in a station acceptance of the property of the station.	period, except (al., permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination coording to its own be reported in coas assigned to tannel 4 in Wash atton is a network.	(1) stations carried e carriage of certal (e)(2) and (4))]; a carried by your context of both on a substitute, see page (v) on program service er-the-air designation of the television statington, D.C. This rk station, an inder	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the ute basis and also on some other at the general instructions located as such as HBO, ESPN, etc. Identify attion. For example, report multi- an stream separately; for example on for broadcasting over-the-air in any be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M"	G Primary Transmitters: Television
(for independent mulfor the meaning of the Column 4: If the solanation of local ser Column 5: If you cable system carried the distant state for the retransmis of a written agreeme the cable system and cion "E" (exempt). Fo explanation of these Column 6: Give t	ticast), "E" (for nonese terms, see pastation is outside vice area, see pastation entered "Ye the distant static ation on a part-tiression of a distant not entered into on a part-tiression of a primary transion of a primary transion of a primary transion entered into on the entered into on the entered into onto the entered into onto the entered into onto the entered into of eater categories the location of eater Canadian statio	oncommercial page (v) of the the local servage (v) of the ges" in column on during the ame basis becamulticast streen or before Jumitter or an aspender "E". If yeep page (v) ch station. Fo	educational), oi e general instruc- rice area, (i.e. "d general instructi 4, you must con accounting peric- use of lack of a- team that is not s are 30, 2009, bet ssociation repres- you carried the co- of the general in r U.S. stations, I e the name of th	r "E-M" (for nonco tions located in the listant"), enter "Ye ons located in the oplete column 5, sod. Indicate by ent ctivated channel of ubject to a royalty tween a cable sys- senting the priman channel on any of instructions locate ist the community e community with	mmercial educational multicast). The paper SA3 form. The solution of the solu	
		CHANN	EL LINE-UP	AA CONT		
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	
KPOB-2	15.2	I-M	No		POPLAR BLUFF, MO	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in 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	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KBSI	36.1	I	No		CAPE GIRARDEAU, MO
KFVS	11.1	N	No		CAPE GIRARDEAU, MO
KFVS-4	11.4	I-M	No		CAPE GIRARDEAU, MO
KFVS-2	11.2	I-M	No		CAPE GIRARDEAU, MO
KFVS-5	11.5	I-M	No		CAPE GIRARDEAU, MO
WPSD	19.1	N	No		PADUCAH, KY
WPSD-3	19.3	I-M	No		PADUCAH, KY
KTEJ	20.1	E	Yes	0	JONESBORO, AR
КРОВ	15.1	N	No		POPLAR BLUFF, MO
KFVS-3	11.3	I-M	No		CAPE GIRARDEAU, MO
KBSI-2	36.2	I-M	No		CAPE GIRARDEAU, MO
WDKA-2	25.2	I-M	Yes	0	PADUCAH, KY
WTCT	30	I	Yes	0	MARION, IL
WDKA-3	25.3	I-M	Yes	0	PADUCAH, KY
WDKA-4	25.4	I-M	Yes	0	PADUCAH, KY
KPOB-2	15.2	I-M	No		POPLAR BLUFF, MO
KPOB-3	15.3	I-M	No		POPLAR BLUFF, MO
KPOB-4	15.4	I-M	No		POPLAR BLUFF, MO

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KJNB-LD	27.1	ı	No		JONESBORO, AR
KJNB-LD2	27.2	N-M	No		JONESBORO, AR
KVTJ	18.1	I	No		JONESBORO, AR
KTEJ	20.1	Е	Yes	0	JONESBORO, AR
KAIT-1	8.1	N	No		JONESBORO, AR
KAIT-2	8.2	N-M	No		JONESBORO, AR
KAIT-3	8.3	I-M	No		JONESBORO, AR

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

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.

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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	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KBSI	36.1	ı	No		CAPE GIRARDEAU, MO
KFVS	11.1	N	No		CAPE GIRARDEAU, MO
KFVS-2	11.2	I-M	No		CAPE GIRARDEAU, MO
KVTJ	18.1	I	No		JONESBORO, AR
КРОВ	15.1	N	No		POPLAR BLUFF, MO
WPSD	19.1	N	Yes	0	PADUCAH, KY
WPSD-3	19.3	I-M	Yes	0	PADUCAH, KY
KFVS-3	11.3	I-M	No		CAPE GIRARDEAU, MO
KTEJ	20.1	E	No		JONESBORO, AR
WDKA-2	25.2	I-M	Yes	0	PADUCAH, KY
KBSI-2	36.2	I-M	No		CAPE GIRARDEAU, MO
KFVS-4	11.4	I-M	No		CAPE GIRARDEAU, MO
KFVS-5	11.5	I-M	No		CAPE GIRARDEAU, MO
WDKA-3	25.3	I-M	Yes	0	PADUCAH, KY
WDKA-4	25.4	I-M	Yes	0	PADUCAH, KY
KPOB-3	15.3	I-M	No		POPLAR BLUFF, MO
KPOB-4	15.4	I-M	No		POPLAR BLUFF, MO
KPOB-2	15.2	I-M	No		POPLAR BLUFF, MO

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 1037							
CABLE ONE, II	NC. d/b/a SP	ARKLIGHT			10379			
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas substitute Basis of basis under specific FC of Do not list the station station was carried that the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-simulcast". Column 2: Give the	G, identify every system during the ions in effect or 6.61(e)(2) and (4 issis, as explained by the Stations: With respect to the constant of the station of	r television stane accounting in June 24, 198 4), or 76.63 (rd d in the next prespect to any stitions, or auth G—but do list titute basis. Ince I, if the state erning substitions as treams must over the FCC h	period, except (81, permitting the eferring to 76.61 paragraph. of distant stations orizations: t it in space I (the tition was carried tute basis station eport origination coording to its over the period of the estimate o	(1) stations carried e carriage of certa (e)(2) and (4))]; a carried by your case Special Statement I both on a substitus, see page (v) or a program services er-the-air designate column 1 (list each the television statis	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television		
educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	e in each case v / entering the le cast), "E" (for no ese terms, see p ation is outside ice area, see pa ave entered "Ye the distant static tion on a part-tir sion of a distant t entered into or a primary transr simulcasts, also ree categories, e location of eac Canadian statio	whether the stater "N" (for near commercial coage (v) of the state local servage (v) of the state local servage (v) of the state local servage in column on during the state local servage in or before Jumitter or an associated the state local state local servage (v) of station. For ns, if any, give	etwork), "N-M" (fill educational), or elegeneral instructivice area, (i.e. "digeneral instructive, you must compace outling period ause of lack of action area of the general in rush elegeneral in elegeneral in rush elegeneral in rush elegeneral in elegeneral in rush elegeneral in elegeneral in rush elegenera	or network multicar "E-M" (for nonco- tions located in the listant"), enter "Ye ons located in the nplete column 5, sod. Indicate by ent ctivated channel of ubject to a royalty tween a cable sys- senting the primar channel on any ott instructions locate list the community with	s". If not, enter "No". For an ex- e paper SA3 form. etating the basis on which your ering "LAC" if your cable system capacity. etapacity. etapacity tem or an association representing etapacity transmitter, enter the designa- etapacity transmitter tran			
, , , , , , , , , , , , , , , , , , , ,	.3			•				
		CHANN	EL LINE-UP	AD CONT				
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			
KBSI-3	36.3	I-M	No		CAPE GIRARDEAU, MO			

FORM SA3E. PAGE 3.						T
LEGAL NAME OF OWN					SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•		10379	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Subasis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multicate for the meaning of the Column 5: If you heable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the cable system and tion "E" (exempt).	G, identify every system during the ions in effect or 6.61(e)(2) and (6.5is, as explaine stations: With a CC rules, regular there in space only on a subsum and also in spation associated with associated with a case of the ineach case of the ion and is entered "Ye entering the least), "E" (for not esset terms, see pation is outside ice area, see pation is outside ice area, see pation of a distant and in entered into on a part-time in the ion of a distant and in entered into on a primary transis simulcasts, also ince categories e location of ea Canadian statio	r television state accounting in June 24, 194, or 76.63 (f) d in the next prespect to any attions, or auth G—but do list titute basis. In the state of the station accounting substitute sign. Do not reason a station account of the station. In the station account of the station. In the station account of the station. In the station account of the local server in column on during the station or before Junitter or an associated of the station. In the station of the station of the station of the station of the station. In the station of the station of the station. For the station of the station of the station of the station of the station. For the station of the	period, except period, except period, except period, except per period, except per period paragraph. It is in space I (the period per period per period per period per period per period per	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject tem or an association representing y transmitter, enter the designater 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
		CHVNN	EL LINE-UP	ΛE		†
		CHANN		AL		1
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NUMBER	STATION		(If Distant)		1
						•
					<u> </u>	•
		<u> </u>				
		<u> </u>			<u> </u>	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			10379	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space (G. identify every	television sta	ation (including t	ranslator stations	and low power television stations)	_
· ·			, ,		d only on a part-time basis under	G
FCC rules and regulati	ions in effect or	1 June 24, 198	81, permitting th	e carriage of certa	ain network programs [sections	
. , . , . , , , ,		, .	-	I(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary
substitute program bas			• .	corried by your o	able avetem on a substitute program	Transmitters:
basis under specifc FC		•		carried by your ca	able system on a substitute program	Television
•				e Special Stateme	ent and Program Log)—if the	
station was carried	•					
	•				ute basis and also on some other	
		erning substit	ute basis station	ns, see page (v) o	f the general instructions located	
in the paper SA3 fo		eian Do not r	eport origination	nrogram services	s such as HBO, ESPN, etc. Identify	
		-			tion. For example, report multi-	
			•	•	n stream separately; for example	
WETA-simulcast).			·	`		
			· ·		on for broadcasting over-the-air in	
•	•		annel 4 in Wash	ington, D.C. This	may be different from the channel	
on which your cable sy			ation is a netwo	rk station an inde	pendent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
-	-	,	, ,		mmercial educational multicast).	
For the meaning of the						
					es". If not, enter "No". For an ex-	
planation of local servi		• ,	•		• •	
·			-	=	stating the basis on which your ering "LAC" if your cable system	
carried the distant stat		-				
	•				payment because it is the subject	
-				•	tem or an association representing	
•			•	• .	ry transmitter, enter the designa-	
` ' '			•	•	her basis, enter "O." For a further d in the paper SA3 form.	
					to which the station is licensed by the	
				•	which the station is identifed.	
Note: If you are utilizing	ig multiple char	nnel line-ups,	use a separate :	space G for each	channel line-up.	
		CHANN	EL LINE-UP	۸E		
_		OHAN		A		
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)		•
					<u> </u>	
		 		. 		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID	Namo	
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	'		1037	9	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s FCC rules and regulati	ystem during the	ne accounting I June 24, 198	period, except (31, permitting the	(1) stations carried e carriage of certa	and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary	
substitute program bas	. , . ,	, .	-	(e)(2) and (4))], an	iu (2) certain stations cameu on a	Transmitters:	
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the							
station was carried	•		. it in space i (the	e Speciai Stateme	int and Program Log)—II the		
	formation conc				ute basis and also on some other the general instructions located		
Column 1: List eac	h station's call				s such as HBO, ESPN, etc. Identify		
					ion. For example, report multi- stream separately; for example		
			-		on for broadcasting over-the-air in		
on which your cable sy	stem carried th	e station.			may be different from the channel pendent station, or a noncommercial		
	cast), "E" (for no	oncommercial	educational), or	r "E-M" (for nonco	ist), "I" (for independent), "I-M" mmercial educational multicast). e naper SA3 form		
Column 4: If the sta planation of local servi	ation is outside ce area, see pa	the local servage (v) of the	rice area, (i.e. "d general instructi	istant"), enter "Ye ons located in the	s". If not, enter "No". For an ex- paper SA3 form.		
1			•	· ·	tating the basis on which your ering "LAC" if your cable system		
carried the distant stati	ion on a part-tin	ne basis beca	use of lack of a	ctivated channel c	apacity.		
					payment because it is the subject tem or an association representing		
the cable system and a	a primary transr	nitter or an as	sociation repres	senting the primar	y transmitter, enter the designa-		
				-	ner basis, enter "O." For a further d in the paper SA3 form.		
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations, I	ist the community	to which the station is licensed by the		
Note: If you are utilizin					which the station is identifed. channel line-up.		
-		CHANN	EL LINE-UP	ΔG	·	_	
1.011	o Dioage				S LOCATION OF STATION	 	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION	,	(If Distant)			
					ļ		
					ļ		

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			10379			
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
carried by your cable s FCC rules and regulati	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							
76.59(d)(2) and (4), 76 substitute program bas	. , . ,	,	-	(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary Transmitters:		
. •	•		• .	carried by your ca	able 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 spa formation conc	ice I, if the sta			ute basis and also on some other f the general instructions located			
		sign. Do not r	eport origination	n program services	s such as HBO, ESPN, etc. Identify			
			-	-	ion. For example, report multi- n stream separately; for example			
			-		on for broadcasting over-the-air in may be different from the channel			
on which your cable sy	stem carried th	e station.			pendent station, or a noncommercial			
	•	,	,.		nst), "I" (for independent), "I-M" mmercial educational multicast).			
For the meaning of the			-		e paper SA3 form. s". If not, enter "No". For an ex-			
planation of local servi	ce area, see pa	age (v) of the	general instructi	ons located in the				
cable system carried th	he distant statio	on during the a	accounting perio	d. Indicate by ente	ering "LAC" if your cable system			
carried the distant stati	•				apacity. payment because it is the subject			
-				•	tem or an association representing y transmitter, enter the designa-			
1			•	•	ner basis, enter "O." For a further			
					d in the paper SA3 form. to which the station is licensed by the			
	Canadian statio	ns, if any, give	e the name of th	e community with	which the station is identifed.			
	9	• •	EL 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	o. Look field of Arthor			
	NUMBER	STATION		(If Distant)				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	,		10379	, tuino
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
PRIMARY TRANSMITTE In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	ers: TELEVISIO G, identify every system during the ions in effect on 6.61(e)(2) and (2 sis, as explainers that it entered into or a primary transr simulcasts, also in ere categories, e location of each or a primary transr simulcasts, also in each case, and also in span aformation concurr. The station's call associated with experimental expe	N television state accounting a June 24, 198 4), or 76.63 (red in the next prespect to any titions, or authors a station accounting substitute basis. In the state and the station accounting substitute basis. The state and the station accounting substitute basis are an astation accounting substitute and the station accounting substitute and the station. The station accounting the station and the station are basis becaute a for before Junitation and the station are station and the station are station and the station. The station are station are station are station are station. The station are station are station are station. The station are station are station. The station are station are station are station. The station are stati	ation (including to period, except (81, permitting the eferring to 76.61 paragraph. If distant stations orizations: It it in space I (the ation was carried to the basis station report origination cording to its over the period of the sample of the cording to its over the period of the sample of the cordinal period as assigned to the cordinal period ation is a network), "N-M" (fill educational), or the general instruction of the sample of lack of a cordinal period at the cordinal period at the cordinal period at the cordinal period at the cordinal period of the general in true. Stations, I use of the general in true.	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a suble system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). the paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizin	g multiple chan	nel line-ups, u	use a separate s	space G for each o	channel line-up.	
		CHANN	EL LINE-UP	Al		1
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	
						.
						1
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		<u> </u>				
]

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•		10379	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
			ation (including t	ranalator stations	and low power television stations)	
					d only on a part-time basis under	G
					ain network programs [sections	
•				•	nd (2) certain stations carried on a	Primary
substitute program bas	. , . ,	, .	-	(/(/ (//1/	()	Transmitters:
Substitute Basis S	Stations: With r	espect to any	distant stations	carried by your ca	able system on a substitute program	Television
basis under specifc FC						
	•		t it in space I (th	e Special Stateme	ent and Program Log)—if the	
station was carried	•		4:	l la alla ana a anala al'a		
· ·	•				ute basis and also on some other f the general instructions located	
in the paper SA3 fo		crimig substit	ate basis station	is, see page (v) o	The general mendenone located	
		sign. Do not r	eport origination	n program services	s such as HBO, ESPN, etc. Identify	
each multicast stream	associated with	n a station acc	cording to its over	er-the-air designat	tion. For example, report multi-	
cast stream as "WETA	\-2". Simulcast	streams must	be reported in o	column 1 (list each	n stream separately; for example	
WETA-simulcast).						
			•		on for broadcasting over-the-air in	
on which your cable sy			annei 4 in vvasn	ington, D.C. This	may be different from the channel	
			ation is a netwo	rk station an inde	pendent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
					mmercial educational multicast).	
For the meaning of the						
			•		s". If not, enter "No". For an ex-	
planation of local servi		• ,	•		• •	
-			-	=	stating the basis on which your ering "LAC" if your cable system	
carried the distant stat		-		•		
	•				payment because it is the subject	
					tem or an association representing	
•			•	• .	y transmitter, enter the designa-	
` ' '			•	•	her basis, enter "O." For a further	
explanation of these th	ree categories,	, see page (v)	of the general i	nstructions located	d in the paper SA3 form. to which the station is licensed by the	
					which the station is identified.	
Note: If you are utilizing				•		
,		• •	•		·	1
	_	CHANN	EL LINE-UP	AJ		<u> </u>
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)		
						•
						•
		•				1
						1
]
	·	 			+	-

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			10379	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
					and low power television stations)	G
		•		` '	d only on a part-time basis under in network programs [sections	G
					nd (2) certain stations carried on a	Primary
substitute program bas	. , . ,	, ,	-	()() ()/1/2/	()	Transmitters:
				carried by your ca	able system on a substitute program	Television
basis under specifc FCDo not list the station				e Special Stateme	ent and Program Log)—if the	
station was carried	-			·	3 3/	
	-				ute basis and also on some other	
in the paper SA3 for		erning substitu	ute pasis station	is, see page (v) oi	the general instructions located	
		sign. Do not r	eport origination	n program services	s such as HBO, ESPN, etc. Identify	
			-	_	ion. For example, report multi-	
WETA-simulcast).	-2 . Simulcast	streams must	be reported in t	column i (list each	stream separately; for example	
,	channel numb	per the FCC ha	as assigned to t	the television station	on for broadcasting over-the-air in	
•	•		annel 4 in Wash	ington, D.C. This i	may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	rk station, an inde	pendent station, or a noncommercial	
					est), "I" (for independent), "I-M"	
					mmercial educational multicast).	
For the meaning of the Column 4: If the sta		- , ,	-		e paper SAS form. s". If not, enter "No". For an ex-	
planation of local servi	, ,	0 ()	0		·	
1			-	=	tating the basis on which your ering "LAC" if your cable system	
carried the distant stati		-		•	-	
					payment because it is the subject	
_				•	tem or an association representing y transmitter, enter the designa-	
			•	• .	ner 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.	
Note: If you are utilizin				-		
		CHANN	EL LINE-UP	AK		
4 0411	a D'CACT	1			C LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
OIOIN	NUMBER	STATION	(163 01 140)	(If Distant)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			10379) Humo
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space (G, identify every	/ television sta	ation (including t	translator stations	and low power television stations)	
carried by your cable s	system during th	ne accounting	period, except ((1) stations carried	d only on a part-time basis under	G
				•	nin network programs [sections	D.J.
substitute program bas		, ,	-	i(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary Transmitters:
			• .	carried by your ca	able system on a substitute program	Television
basis under specifc FC						
 Do not list the station station was carried 	-		t it in space I (the	e Special Stateme	ent and Program Log)—if the	
	,		ition was carried	l both on a substit	ute basis and also on some other	
					f the general instructions located	
in the paper SA3 fo		aine Danati			a such as LIDO ECDN ata Idantify	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
			•	•	n stream separately; for example	
WETA-simulcast).						
			-		on for broadcasting over-the-air in	
on which your cable sy	•		annei 4 in Wash	ingion, D.C. This	may be different from the channel	
			ation is a netwo	rk station, an inde	pendent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
For the meaning of the					mmercial educational multicast).	
			-		s". If not, enter "No". For an ex-	
planation of local servi		• • •	•		·	
-			-	=	stating the basis on which your ering "LAC" if your cable system	
carried the distant stat		-		-		
	•				payment because it is the subject	
_				•	tem or an association representing	
,			•	• .	y transmitter, enter the designa- ner basis, enter "O." For a further	
					d in the paper SA3 form.	
					to which the station is licensed by the	
Note: If you are utilizing					which the station is identifed.	
Note: If you are utilized	Ig multiple chai	•	•		спапнетине-ир.	_
		CHANN	EL LINE-UP	AL		1
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)		
						"
		 			<u> </u>	
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		<u> </u>				
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FORM SA3E. PAGE 3.					Account	NG 1 EMOD. 2021/1
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•		10379	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati	ystem during the ons in effect or i.61(e)(2) and (4	ne accounting n June 24, 198 4), or 76.63 (r	period, except (31, permitting the eferring to 76.61	(1) stations carried e carriage of certa	and low power television stations) d only on a part-time basis under nin network programs [sections nd (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S	stations: With r	espect to any	distant stations	carried by your ca	able system on a substitute program	Television
 basis under specifc FC Do not list the station station was carried 	here in space	G—but do lis		e Special Stateme	ent and Program Log)—if the	
List the station here, a	and also in spa formation conc	ice I, if the sta			ute basis and also on some other the general instructions located	
		sign. Do not r	eport origination	n program services	s such as HBO, ESPN, etc. Identify	
			-	-	ion. For example, report multi- stream separately; for example	
Column 2: Give the			-		on for broadcasting over-the-air in may be different from the channel	
	in each case v	vhether the st			pendent station, or a noncommercial	
(for independent multic For the meaning of the	cast), "E" (for no	oncommercial page (v) of the	educational), or e general instruc	r "E-M" (for nonco ctions located in th	mmercial educational multicast).	
planation of local servi	ce area, see pa	age (v) of the	general instructi	ons located in the		
		-		•	ering "LAC" if your cable system	
	ion of a distant	multicast stre	eam that is not s	ubject to a royalty	payment because it is the subject tem or an association representing	
_				•	y transmitter, enter the designa-	
, , , ,			•	•	ner basis, enter "O." For a further d in the paper SA3 form.	
					to which the station is licensed by the	
FCC. For Mexican or C Note: If you are utilizin				-	which the station is identifed.	
Troto: II you are atment	g manapio onai		EL LINE-UP	•	shamiler and ap.	
		CHANN	EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	HOMBER	CIATION		(ii Biotant)		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			10379	Hamo
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, a basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the	S, identify every ystem during the ons in effect or .61(e)(2) and (4) sis, as explained tations: With record only on a substand also in space only on a substand also in space formation concern. In station's call associated with -2". Simulcast side echannel numble stem carried the in each case we entering the least), "E" (for no se terms, see present case of the c	r television state accounting in June 24, 1984), or 76.63 (rd in the next pespect to any tions, or authors, or authors, or authors, or authors, if the state erning substitute basis. The state is a station account of the station account of the station. The state is the station whether the station. The state is station. The state is station. The state is station account of the station acc	period, except (81, permitting the eferring to 76.61 baragraph. distant stations orizations: it in space I (the tion was carried ute basis station cording to its over be reported in coas assigned to the tion washing to its over the tion washing to its over the tion washing to its over the tion is a network atton is a network work), "N-M" (for educational), or egeneral instructions of the following the station is a second to the tion of the tion o	(1) stations carried e carriage of certa (e)(2) and (4))]; are carried by your case Special Statemes both on a substitute, see page (v) of a program services er-the-air designaticolumn 1 (list each the television staticington, D.C. This rek station, an indeport network multicar "E-M" (for noncontions located in the	and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a suble system on a substitute program and and Program Log)—if the ute basis and also on some other is the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- ustream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ist), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex-	G Primary Transmitters: Television
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	ave entered "Yene distant station on a part-tirion of a distant entered into or a primary transrisimulcasts, also	es" in column on during the a ne basis beca multicast stre n or before Jun mitter or an as o enter "E". If y	4, you must comaccounting periouse of lack of actem that is not sine 30, 2009, bet association repressou carried the communication.	nplete column 5, s d. Indicate by entectivated channel c ubject to a royalty tween a cable system channel on any other	tating the basis on which your ering "LAC" if your cable system	
					to which the station is licensed by the	
				-	which the station is identifed.	
Note: If you are utilizing	g multiple chan	• •	·	•	латтетте-ир.	_
	T	CHANN	EL LINE-UP	AN		<u> </u>
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•		10379	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space (G, identify every	television sta	ation (including t	ranslator stations	and low power television stations)	
		-			l only on a part-time basis under	G
•				•	in network programs [sections	
	. , . ,	, .	-	(e)(2) and (4))]; ar	nd (2) certain stations carried on a	Primary
substitute program bas			• .	carried by your ca	able system on a substitute program	Transmitters: Television
basis under specifc FC				carried by your or	able system on a substitute program	relevision
				e Special Stateme	nt and Program Log)—if the	
station was carried	only on a subst	titute basis.				
	•				ute basis and also on some other	
		erning substit	ute basis statior	ns, see page (v) of	the general instructions located	
in the paper SA3 fo		sian Do not r	enort origination	nrogram services	s such as HBO, ESPN, etc. Identify	
		-			ion. For example, report multi-	
			•	•	stream separately; for example	
WETA-simulcast).						
			-		on for broadcasting over-the-air in	
	•		annel 4 in Wash	ington, D.C. This r	may be different from the channel	
on which your cable sy			ation is a netwo	rk station an inde	pendent station, or a noncommercial	
					est), "I" (for independent), "I-M"	
					mmercial educational multicast).	
For the meaning of the	ese terms, see p	page (v) of the	e general instruc	tions located in the	e paper SA3 form.	
			•	•	s". If not, enter "No". For an ex-	
planation of local servi		• ,	•		paper SA3 form. tating the basis on which your	
			-	•	ering "LAC" if your cable system	
carried the distant stat		-		•	-	
	•				payment because it is the subject	
					tem or an association representing	
,			•	•	y transmitter, enter the designa-	
					ner 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.	
Note: If you are utilizing						
		CHANN	EL LINE-UP	AO		
1.0411	O DIOACT				O LOCATION OF STATION	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NOWBER	STATION		(II Distant)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC. d/b/a SP	ARKLIGHT	•		10379	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space (G. identify every	television sta	ation (including t	ranslator stations	and low power television stations)	_
1					d only on a part-time basis under	G
		-			nin network programs [sections	
76.59(d)(2) and (4), 76	6.61(e)(2) and (4	4), or 76.63 (r	eferring to 76.61	l(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary
substitute program bas	sis, as explaine	d in the next p	oaragraph.			Transmitters:
				carried by your ca	able system on a substitute program	Television
basis under specifc F0						
	•		t it in space I (th	e Special Stateme	ent and Program Log)—if the	
station was carried	•		4:	l la alla ana a anala al'A	of the section of the	
	•				ute basis and also on some other	
in the paper SA3 fo		erning substit	ute basis station	is, see page (v) o	f the general instructions located	
		sian Do not r	eport origination	n program services	s such as HBO, ESPN, etc. Identify	
		· ·		. •	ion. For example, report multi-	
			-	-	stream separately; for example	
WETA-simulcast).			•	`		
Column 2: Give the	e channel numb	er the FCC h	as assigned to t	he television stati	on for broadcasting over-the-air in	
its community of licens	se. For example	e, WRC is Cha	annel 4 in Wash	ington, D.C. This	may be different from the channel	
on which your cable sy						
					pendent station, or a noncommercial	
	-	,	, ,		ast), "I" (for independent), "I-M"	
					mmercial educational multicast).	
For the meaning of the					e paper 5A3 form. s". If not, enter "No". For an ex-	
planation of local servi			•			
l'		• ,	•		tating the basis on which your	
			-	=	ering "LAC" if your cable system	
carried the distant stat		-				
For the retransmiss	sion of a distant	multicast stre	eam that is not s	ubject to a royalty	payment because it is the subject	
of a written agreement	t entered into or	n or before Ju	ne 30, 2009, be	tween a cable sys	tem or an association representing	
the cable system and	a primary transi	mitter or an as	ssociation repre	senting the primar	y transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any oth	ner 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.	
Note: If you are utilizing	ng multiple char	inel line-ups,	use a separate :	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AP		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
0.0.0	NUMBER	STATION	` ,	(If Distant)		
	HOMBER	017111011		(ii Biotairt)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			10379	Traino
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space of carried by your cable is FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you ha cable system carried the carried the distant stating For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the	G, identify every ystem during the ons in effect or .61(e)(2) and (4 sis, as explaine stations: With record on a substant also in spate formation concerm. In station's call associated with record case of the c	r television state accounting in June 24, 1984), or 76.63 (red in the next prespect to any attions, or authors, or authors, or authors, or authors, or authors, or authors, in a station account as a station account as a station account as a station. Whether the station, whether the station, whether the station, whether the station, whether the station account and the local serves in columnity and the local serves in columnity and the local serves are basis became the basis became the station and the local serves and the local serves are basis became the control of the station and the local serves are basis became the station are station as a serves are the station and the local serves are basis became the station are stationally as a serves are paged (v) of the stational serves are the	period, except (all permitting the eferring to 76.61 paragraph. and istant stations orizations: a tit in space I (the effect of the effect of	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system expacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form.	G Primary Transmitters: Television
				•	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizin	g multiple char		use a separate s	•	channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		-		,		
					<u> </u>	
	l				<u> </u>	

FORM SA3E. PAGE 3.						T-
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•		10379	Nume
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space (carried by your cable series FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Series basis under specific FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	G, identify every system during the ions in effect or 6.61(e)(2) and (4 sis, as explaine stations: With record rules, regular here in space only on a substand also in spatformation concurr. The station's call associated with associated with associated with a ce channel number. For example yetem carried the	r television started accounting an June 24, 1984, or 76.63 (red in the next prespect to any ations, or auth G—but do list titute basis. In the started account of the station account of the station account of the station account of the station.	period, except (all permitting the eferring to 76.61 paragraph. a distant stations orizations: a tit in space I (the tition was carried ute basis station eport origination coording to its own be reported in coas assigned to tannel 4 in Wash	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your case. Special Statement both on a substitute, see page (v) of a program services er-the-air designatical column 1 (list each the television staticington, D.C. This in	and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program and and Program Log)—if the ate basis and also on some other the general instructions located a such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
(for independent multi- For the meaning of the Column 4: If the st planation of local servi Column 5: If you had be system carried the carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	cast), "E" (for no ese terms, see pation is outside ice area, see pation entered "Ye he distant static icion of a distant entered into or a primary transsismulcasts, also aree categories, e location of eaccanadian statio	oncommercial page (v) of the the local servage (v) of the ges" in column on during the ame basis becamulticast streen or before Jumitter or an aspect of the column of the	educational), oi e general instruc- rice area, (i.e. "d general instructi 4, you must con- accounting periouse of lack of a earn that is not s ene 30, 2009, be- ssociation repres you carried the co- of the general in r U.S. stations, I e the name of th	r "E-M" (for noncol tions located in the listant"), enter "Ye- ons located in the nplete column 5, s od. Indicate by ente ctivated channel of ubject to a royalty tween a cable sys- senting the primar channel on any oth instructions located ist the community e community 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 designa- ter basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AR		1
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.	NED OF CARLE SV	OTEM:			SYSTEM ID#	
CABLE ONE. I					10379	Name
,						
PRIMARY TRANSMITTERS: TELEVISION						G Primary Transmitters: Television
Note: If you are utilizi	ng multiple char	nel line-ups,	use a separate :	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Namo
CABLE ONE, IN					10379)
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	ystem during the ons in effect on .61(e)(2) and (4 sis, as explained tations: With records with records as explained tations: With records as explained as explai	ne accounting I June 24, 198 I), or 76.63 (re d in the next pespect to any tions, or auth G—but do list itute basis. ce I, if the sta erning substite sign. Do not re n a station accestreams must over the FCC he	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 cas assigned to the effective form of the case	1) stations carried a carriage of certa (e)(2) and (4))]; are carried by your case Special Stateme both on a substitute, see page (v) of program services ar-the-air designation of the television station of the carried services are the television station.	and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program and and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- ustream separately; for example on for broadcasting over-the-air in may be different from the channel	Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	in each case we entering the leterst, "E" (for no se terms, see pation is outside ce area, see paure entered "Year distant station on a part-timion of a distant entered into or a primary transmissimulcasts, also ree categories, a location of each canadian station canadian station canadian station canadian station categories, a location of each canadian station casts, also canadian station categories, a location of each canadian station casts, also canadian station categories, and canadian station casts.	whether the statter "N" (for ne concommercial page (v) of the concomment during the concomment and unliticast streen or before Jumitter or an associated to concommercial page (v) see page (v) ch station. For nes, if any, give	etwork), "N-M" (for educational), or enducational), or enducational), or enducational instructional enducational instructional enducational enducati	or network multicate "E-M" (for noncortions located in the istant"), enter "Yes ons located in the iplete column 5, stand. Indicate by enterivated channel cubject to a royalty ween a cable systemating the primary channel on any other tructions located ist the community 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 designa- ner 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.	
Note. If you are utilizing	y munipie chan		•		лаппе ше-ир.	_
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•		10	379
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 oc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	G, identify every system during the ons in effect or a fel (2) and (4) sis, as explaine stations: With record rules, regular here in space only on a substand also in spatformation concern. In station's call associated with a fel channel numbers of the construction o	r television started accounting in June 24, 1984, or 76.63 (red in the next prespect to any ations, or authors, or authors, or authors, or authors, if the started in a station account as treams must be the FCC have, WRC is Challe station.	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: a tit in space I (the tition was carried ute basis station eport origination cording to its over be reported in coas assigned to tannel 4 in Washi	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your case Special Statement both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television staticington, D.C. This in	and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program and and Program Log)—if the ate basis and also on some other the general instructions located a such as HBO, ESPN, etc. Identify ion. For example, report multi- a stream separately; for example on for broadcasting over-the-air in may be different from the channel	Primary Transmitters: Television
(for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	cast), "E" (for no see terms, see pation is outside ce area, see pation entered "Ye ne distant static ion on a part-tirion of a distant entered into or a primary transsimulcasts, also aree categories, e location of eacanadian statio	oncommercial page (v) of the the local servage (v) of the ges" in column on during the ame basis becamulticast streen or before Jumitter or an aspect of the column of the	educational), or e general instruc- rice area, (i.e. "d general instructi 4, you must com- accounting perio- use of lack of ar- eam that is not si ene 30, 2009, bet ssociation repres- you carried the co- of the general in r U.S. stations, I e the name of th	r "E-M" (for noncountions located in the istant"), enter "Yesons located in the included included in the included included in the included included in the inc	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 designa- ter basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE		Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	,		1	10379	Nume
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space of carried by your cable is FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream	G, identify every eystem during the ions in effect or 6.61(e)(2) and (4 isis, as explained to the correct or space only on a substand also in space of the correct or station's call associated with associated with spatements of the correct or the	r television stane accounting in June 24, 198 4), or 76.63 (red) in the next perspect to any attions, or authors, or authors, it is basis. In the stane of the st	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: tit in space I (the tition was carried tute basis station eport origination cording to its over	(1) stations carried to carriage of certa (e)(2) and (4))]; and (a)(b); and (b)(c); and (c)(c); and (c)(c)(c) and (c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a suble system on a substitute program ant and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- is stream separately; for example		G Primary Transmitters: Television
its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local service Column 5: If you have cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	se. For example ystem carried the in each case we entering the le cast), "E" (for no ese terms, see pation is outside ice area, see pation on a part-tirision of a distant tentered into or a primary transmissimulcasts, also aree categories, e location of each canadian station.	e, WRC is Chane station. whether the statter "N" (for near commercial coage (v) of the great in column are basis because the properties of the station or before Jumitter or an associated as the station. For nor, if any, given in the station.	annel 4 in Wash ation is a network), "N-M" (fill educational), or elegeneral instructivice area, (i.e. "digeneral instructivice area, (i.e. "digeneral instructivity, you must confide accounting period ause of lack of a earn that is not some 30, 2009, being sociation repressively out carried the confide accounting the confideration of the general in the confiderations, is entered to the temperation of the general in the confiderations of the general interest o	rk station, an inder for network multicar "E-M" (for noncoutions located in the distant"), enter "Yerons located in the nolete column 5, so and. Indicate by entertivated channel couplets to a royalty tween a cable systemating the primar channel on any other networks the community with	s". If not, enter "No". For an expaper 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 designater 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.	è	
		CHANN	EL LINE-UP	ΔV			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3 LEGAL NAME OF OV		/STEM:			SYSTEM ID#	
CABLE ONE,			•		10379	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
PRIMARY TRANSMIT In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), substitute program b Substitute Program b Substitute Basis basis under specific 1 Do not list the station was carried List the station was carried basis. For further in the paper SA3 Column 1: List end each multicast stream as "WET WETA-simulcast). Column 2: Give to which your cable Column 3: Indicated and station, Indicated and station, Indicated the meaning of the Column 4: If the planation of local set Column 5: If you cable system carried the distant stream and the cable system and the	TERS: TELEVISIO a G, identify every a system during the ations in effect or 76.61(e)(2) and (- asis, as explaine a Stations: With In FCC rules, regular on here in space and only on a subsise, and also in spa- information concitorm. ach station's call m associated with TA-2". Simulcast the channel numb inse. For example system carried the tate in each case with the channel numb inse. For example system carried the tate in each case with the distant station is outside rvice area, see pa have entered "Ye the distant station ation on a part-tir ssion of a distant that entered into on d a primary transion or simulcasts, also three categories the location of ea r Canadian statio	y television stane accounting an June 24, 1964, or 76.63 (red in the next) respect to any ations, or auth G—but do listitute basis. ace I, if the stane acrining substitute basis. ace I, if the stane action account of the station account of the station account of the station. Whether the station account of the local services are in column on during the same basis becar in column on during the same basis becar multicast streen or before Jumitter or an account of the local services are multicast streen or before Jumitter or an account of the local services are multicast streen or before Jumitter or an account of the local services are page (v) ch station. For one, if any, given	ation (including to period, except of 81, permitting the eferring to 76.61 paragraph. If distant stations is a corrections: It it in space I (the ation was carried tute basis station report origination cording to its own to be reported in contact and as assigned to the annel 4 in Wash ation is a network), "N-M" (for I educational), one general instructional, one general instructional instr	(1) stations carried the carriage of certain (e)(2) and (4))]; a carried by your cast carried by on a program services the television staticity of the telev	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other as such as HBO, ESPN, etc. Identify tion. For example, report multi- as tream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form. The paper SA3 form. The paper SA3 form capacity. The paper SA3 form capacity. The paper SA3 form capacity. The paper SA3 form. The pape	G Primary Transmitters: Television
Note: If you are utiliz	ing multiple char		·	•	спапнегине-ир.	1
		CHANN	EL LINE-UP	AW		<u> </u>
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		<u> </u>				:
		<u> </u>				:
		<u> </u>				
		†				•
		†				
		†				•

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 10379 CABLE ONE, INC. d/b/a SPARKLIGHT PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF OWNER OF CABLE ONE, INC. d/b/					S	3YSTEM ID# 10379	Name
SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEMEN	NT AND PROGRAM LOG)			
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT				o gonorai ino		por 67 to 101111.	Carriage:
During the accounting per				s, any nonne	twork television program	า	Special Statement and
broadcast by a distant stat		,	, ,	, ,	Yes		Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you m	ust complete the progran	n	
log in block 2.							
2. LOG OF SUBSTITUTE In General: List each subst			ate line. Use abbreviations	wherever no	ssible if their meaning is		
clear. If you need more spa	ice, please	attach addition	al pages.		-		
Column 1: Give the title period, was broadcast by a			ision program (substitute p			tion	
under certain FCC rules, re	gulations, c	or authorization	is. See page (vi) of the gen	eral instructi	ons located in the paper	uon	
SA3 form for futher informa				"basketball"	. List specific program		
titles, for example, "I Love L Column 2: If the program			r "Yes." Otherwise enter "N	lo."			
Column 3: Give the call	sign of the	station broadca	asting the substitute progra	m.	====		
the case of Mexican or Car			ne community to which the community with which the				
Column 5: Give the mon	nth and day		tem carried the substitute			th	
first. Example: for May 7 giv		s cubetitute pro	gram was carried by your o	cable evetem	List the times accurately	V	
to the nearest five minutes.						у	
stated as "6:00-6:30 p.m."	- "D" :f 4b -	li - 4l					
to delete under FCC rules a			was substituted for prograuring the accounting period			1	
gram was substituted for pr	ogramming						
effect on October 19, 1976.							
				WHE	EN SUBSTITUTE	7. REASON	•
S		TE PROGRAM			IAGE OCCURRED	FOR	
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	
	1 33 3. 113	07122 01011		7412 5711			
	 						
	 						
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ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10379 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 part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE **FROM** TO DATE **FROM** TO

LEG	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:						
CA	BLE ONE, INC. d/b/a SPARKLIGHT	10379	Name					
Inst all a (as	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ndary transmission service ompute this amount, see	K Gross Receipts					
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 1,375,509.49 (Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ${\bf k}$ 3 below.	entered on line 1 of						
-	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be el low.	ntered on line 2 in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ıld be entered on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 1,375,509.49						
	Enter the result here. This is your minimum fee.	\$ 14,635.42						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting periodic Yes—Complete the DSE schedule. No—Leave block 3 below blank and control of the property of the proper	n 4, you must check						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 1,821.42						
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00						
	Line 3. Add lines 1 and 2 and enter here	\$ 1,821.42						
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	\$ 14,635.42	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact					
	Line 4. FILING FEE	\$ 725.00	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	\$ 15,360.42	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of the	additional lees.					

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	10379							
	Orbit orte, mor along of ratherons								
	CHANNELS								
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations								
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels									
	Enter the total number of channels on which the cable	25							
	system carried television broadcast stations								
	2. Enter the total number of estimated sharpeds								
	Enter the total number of activated channels on which the cable system carried television broadcast stations								
	and nonbroadcast services	283							
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
Individual to	we can contact about this statement of account.)								
Be Contacted									
for Further	Name EMERSON VEADWOOD	4-6195							
Information	Name EMERSON FEARWOOD Feephone 602-30								
	ALL OAD F FARIL RRIVE								
	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								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
0									
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)								
Certification	i, in a managina, notary commy that (oncott one, and any one, or the restor)								
	(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 i	dentified							
	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 identifed as owner of the c	ahle system							
	in line 1 of space B.	able system							
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.								
	[18 U.S.C., Section 1001(1986)]								
	X								
	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 are button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility set								
	Typed or printed name: RAYMOND STORCK								
	Title: VICE PRESIDENT (Title of afficial position hold in composition or partnership)								
	(Title of official position held in corporation or partnership)								
	Date: August 27, 2021								

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

LEGAL NAME OF OWNE	ER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SPARKLIGHT	10379	ramo
The Satellite Hor lowing sentence: "In determ service of scribers a For more information paper SA3 form. During the accounts.	mining the total number of subscribers and the gross amounts paid to the cabl f providing secondary transmissions of primary broadcast transmitters, the system and amounts collected from subscribers receiving secondary transmissions puration on when to exclude these amounts, see the note on page (vii) of the gen	e system for the basic stem shall not include sub- irsuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter t	the total here and list the satellite carrier(s) below		
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENTS		
•	ete this worksheet for those royalty payments submitted as a result of a late po on of interest assessment, see page (viii) of the general instructions in the pag		Q
Line 1 Enter the	e amount of late payment or underpayment	v	Interest Assessment
Line 2 Multiply I	line 1 by the interest rate* and enter the sum here	x days	
Line 3 Multiply I	line 2 by the number of days late and enter the sum here	x 0.00274	
	line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	\$ - (interest charge)	
	e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For Licensing Division at (202) 707-8150 or licensing@loc.gov.	further assistance please	
** This is the	decimal equivalent of 1/365, which is the interest assessment for one day late	е.	
•	e filing this worksheet covering a statement of account already submitted to the the owner, address, first community served, accounting period, and ID numbers.		
Owner Address			
First community Accounting perio			

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: 2021/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10379									
I										
	SUM OF DSEs OF CATEGOR		S:							
	 Add the DSEs of each station Enter the sum here and in line 		schedule.		1.25					
]				
	Instructions: In the column headed "Call S	Sign": list the call	signs of all distant stations i	dentified by the	e letter "O" in column 5					
Computation	of space G (page 3). In the column headed "DSE"	: for each indeper	ndent station, give the DSF	as "1 0": for ea	ach network or noncom-					
	mercial educational station, giv			,						
Category "O"			CATEGORY "O" STATION		_	1				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KTEJ	0.250								
	WDKA-2	1.000								
		<u>.</u>								
		<u>.</u>								
Add rows as										
necessary.										
Remember to copy all										
formula into new										
rows.										
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Name		WNER OF CABLE SYSTEM: INC. d/b/a SPARKLI	GHT				S	10379
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should of Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	at the call sign of all distants. For each station, give the correspond with the information of the correspond with the information of the correspond with the information of the column of the call of the column of the call of the column of the column of the column of the call of the column of the call of the	ne number of limation given in the total number mn 2 by the final point. This station, give the num 4 by the	hours your cable system space J. Calculate on space J. Calculate on or of hours that the statement of the column 3, and sistent "basis of carriage "type-value" as "1.0."	m carried the state of the state of the carried the case of the ca	ion during the accounting ach station. er the air during the accoudecimals in column 4. This	nting period. ifigure must ational station, ss than the	
Capacity			CATEGOR	Y LAC STATIONS	: COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	GE VALUI	6. DS	SE .
			÷			x x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷			x x	=	
			÷		=	x	=	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give • Was carried tions in effer • Broadcast o space I). Column 2: F at your option. Column 3: E Column 4: E	ct on October 19, 1976 (and or more live, nonnetwoner or each station give the This figure should correst of the number of days Divide the figure in colum	ation listed in stution for a prosess shown by the programs of the programs of the properties of the p	space I (page 5, the Lo ogram that your systen he letter "P" in column luring that optional carr e, nonnetwork program information in space I. ar year: 365, except in ure in column 3, and giv	g of Substitute Pr n was permitted to 7 of space I); and iage (as shown by is carried in subst a leap year. we the result in co	o delete under FCC rules a	and regular- of vere deleted).
		SL	JBSTITUTE	E-BASIS STATION	NS: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		=		÷		=
		-		=		÷		
			+	=	1	-		=
		÷	-	=		÷		=
	Add the DSEs of	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa	S STATIONS:		▶	0.00]	=
5		R OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide the	ne total	
Total Number	1. Number	of DSEs from part 2 ●				>	1.25	
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>	0.00	
	3. Number	of DSEs from part 4 ●				>	0.00	
								
	TOTAL NUMBE	R OF DSEs						1.25

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/1

	WNER OF CABLE S						S	YSTEM ID# 10379	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of pa		of the DSE schedu	ıle blank and	complete part≀	8, (page 16) of the		6
			BLOCK A:	TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24, Yes—Com	1981?	schedule—D	,	er markets as defin LETE THE REMAIN			C rules and regula	tions in	3.731 66
		BLO	CK B: CARF	RIAGE OF PERM	/IITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	egulations pric ne DSE Sched	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of the 981. For further ex e letter M below refe Act of 2010.)	planation of p	ermitted station	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre-	eles and reguled pursuant to on as defined al educationa d station (76.6 r DSE schedu ant to individu viously carrie IHF station wi	ations cited be to the FCC mark in 76.5(kk) (76.1 station [76.595) (see paragrule). It was a waiver of FC d on a part-timethin grade-B co	e or substitute basis ontour, [76.59(d)(5)	e in effect on 357, 76.59(b), (1), 76.63(a), (3) referring to stitution of grades prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76.4 to 76.61(d)] andfathered sta	.63(a) referring to 61(e)(1) tions in the		
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	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	
	•		•	•				0.00	
		I	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from բ	part 5 of this s	chedule					
Line 2: Enter the	sum of permitted	d DSEs from	block B abo	ve					
				of DSEs subject t of this schedule)		ate.			
Line 4: Enter gro	ess receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter sur	n here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
I ine 7: Multiply li	ine 6 by line 5 an	d enter here	and on line 2	. block 3. space L	(page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10379										
1. CALL	2. PERMITTED		A: TELEVI	SION MARKETS 2. PERMITTED		UED)	2. PERMITTED	3. DSE	6	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS	-	Computation of	
									3.75 Fee	
					<u> </u>					
					<u> </u>	<u> </u>	-			

ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10379 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSF **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as 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** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN 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# 10379	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,375,509.49	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		İ
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)		İ
	B. Enter 0.00377 of gross receipts (the amount in section 1)		İ
	C. Subtract 1.000 from total permitted DSEs (the figure on		İ
	line C in section 2) and enter here	_	1
	D. Multiply line B by line C and enter here		1
	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)		İ
	B. Enter 0.00377 of gross receipts (the amount in section 1)		İ
	C. Multiply line B by 3.000 and enter here		İ
	D. Enter 0.00178 of gross receipts (the amount in section 1)		1
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		İ
	F. Multiply line D by line E and enter here		1
	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		1
	SECTION 4: SECOND 50 TELEVISION MARKET		İ
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		İ
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		İ
	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)		1
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		1
	D. Multiply line B by line C and enter here		1
	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		1

Name			YSTEM ID# 10379								
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here.									
		D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.									
Computation of Base Rate Fee	• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave blo										
	_	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS rour 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 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).	0.00								

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/1

	ESSEE.THSE TI.	7.00001111110	
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABL	E ONE, INC. d/b/a SPARKLIGHT	10379	
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1)		
		_	
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) > _		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here ▶\$	_	Duco Rato I co
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	(the ligate in deciden 2) and office here		
	F. Multiply line D by line E and enter here >		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee ▶ \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadc be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chann G.	•	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe	e, to exclude	• • • •
receipts	from subscribers located within the station's local service area, from your system's total gross receipts. To take		Computation of
exclusi	on, you must:		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee fo		Exclusivity
	and the portion of your systems gross receipts attributable to that group, and calculate a separate base rate fee for each subscriber group. That total is the base rate fee for your system.	r each group.	Surcharge
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in	part 7 you must	for Partially
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B beable system is wholly located outside all major television markets, complete block A only.		Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: carried	For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	ation you	Stations
Step 2: outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were to the station's local service area. A subscriber located outside the local service area of a station is distant to that some token, the station is distant to the subscriber.)		
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant	. Each	
subscri	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu groups	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each	section:		
• Identi	y the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a bers in the group.	III 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	
, .	portion 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.	block B,	
• Add th	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	instructions	
page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the group's complement of stations and total gross receipts from the subscribers in that group). You do not necessal culations on the form.	nat is, the total	

LEGAL NAME OF OWNER CABLE ONE, INC.						31	YSTEM ID# 10379	Name
Ī	BLOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROUP	ס	•
COMMUNITY/ AREA	STODD	ARD CO		COMMUNITY/ AREA	DUNKLI	N COUNTY CENTR	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KTEJ	0.25							Base Rate F
								and Syndicated
								Exclusivity
					<u> </u>		<u> </u>	Surcharge for
	••••••••••							Partially
								Distant Stations
							<u> </u>	
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 466	5,895.64	Gross Receipts Second Group \$ 78,179.21				
B ase Rate Fee First Gr	oup	\$ 1	,241.94	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	DUNKL	IN CO NORTH &	NEW MA	COMMUNITY/ AREA	DUNKLI	N CO SOUTH		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTEJ	0.25				<u> </u>			
					<u> </u>			
otal DSEs			0.25	Total DSEs			0.00	
ross Receipts Third Group \$ 204,947.01				Total DSEs			-:	
Base Rate Fee Third G	se Rate Fee Third Group \$ 545.16			Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	s shown in the boxes abo	ove.	\$	1,821.42	

LEGAL NAME OF OWNE CABLE ONE, INC.						S	YSTEM ID# 10379	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	P	_
COMMUNITY/ AREA	CLAY &	GREENE COUN	TIES (AF	COMMUNITY/ AREA	PEMISC	OT COUNTY SOU	TH	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge for
								Partially
							<u></u>	Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 285	,006.64	Gross Receipts Second Group \$ 39,626.71				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	IP		EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	PEMISO	COT COUNTY NO	RTH	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTEJ WDKA-2	0.25 1.00							
Total DSEs			1.25	Total DSEs			0.00	
Gross Receipts Third C	ross Receipts Third Group \$ 2,769.39			Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third C	se Rate Fee Third Group \$ 34.32			Base Rate Fee Fourth Group \$ 0.00			0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	II	ove.	\$		

							10379	Name	
	N/ A. C	COMPUTATION O	E DAGE DA	TE FEEO FOO FAO	LI CUDOCDU				
N		SUBSCRIBER GROU		TE FEES FOR EAC		SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9	
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
OALL GIGIT		O/ LE OIOIV	BOL	OALL CIGIT	DOL	O/ LEE OIOIV	DOL	Base Rate F	
	·····							and	
	·····				•••••			Syndicate	
	·····				•••••			Exclusivit	
								Surcharge	
								for	
								Partially	
								Distant	
						_		Stations	
							2.22		
otal DSEs	-		0.00	Total DSEs			0.00		
ross Receipts First Group	-	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
sase Rate Fee First Group		\$	0.00	Base Rate Fee Seco	and Group	\$	0.00		
ELEV	ENTH S	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN D	SE	CALL SIGN	N DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						_			
	····								
	······		<u></u>						
						_			
						_			
otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group	_	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
	ſ								
		\$	0.00	Base Rate Fee Four	th Group	\$	0.00		

LEGAL NAME OF OWN CABLE ONE, INC						S	10379	Name	
TI		COMPUTATION C SUBSCRIBER GRC		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for Partially	
								Distant Stations	
								Stations	
Total DSEs	•		0.00	Total DSEs	•		0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	FIFTEENTH	SUBSCRIBER GRC				SUBSCRIBER GROU	JP 0		
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	ross Receipts Third Group \$ 0.00			Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	ase Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$ 0.00			0.00		
Base Rate Fee: Add Enter here and in bloo			criber group a	II as shown in the boxes	above.	\$			

LEGAL NAME OF OWN						\$	10379	Name
				TE FEES FOR EAC				
SEV COMMUNITY/ AREA	ENTEENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
						<u> </u>		Syndicated
						 		Exclusivity Surcharge
								for
								Partially
			····					Distant Stations
						 		
			····			<u> </u>		
Total DSEs	•		0.00	Total DSEs	·		0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
N	NINTEENTH	SUBSCRIBER GRO)UP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
			·····			 		
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group a	s shown in the boxes	above.			
Enter here and in bloc						\$		

LEGAL NAME OF OWNE CABLE ONE, INC.						•	10379	Name
	BI OCK A	COMPUTATION	OF BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GRO		TI .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.22 0.0.1		07122 0.0.1	332	07.22 0.0.1	202	0/122 01011	202	Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
TWEN	ITY-THIRD	SUBSCRIBER GRO	UP	TWEN	ITY-FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
iross 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			criber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OW CABLE ONE, IN						S	10379	Name
TW		COMPUTATION (SUBSCRIBER GRO		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	
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								and
								Syndicated Exclusivity
								Surcharge
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	: Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
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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 Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				<u>II</u>				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC						S	10379	Name
		COMPUTATION C		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP .	
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								Base Rate Fee and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	eroup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
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Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	ui Gioup	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t			criber group a	s shown in the boxes	above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE D.00 TOTAL DSES D.00 THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
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CABLE ONE, IN						\$	10379	Name
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
Th	HIRTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	············		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	II	above.	\$		

CALL SIGN DSE CA	NAME OF OWNER OF CABLE : LE ONE, INC. d/b/a SPA	D# 79 Name
FORTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN D	BI OCK A: (
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DECLAR DE CALL SIGN DE CALL SI		_
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oross Receipts First Group	\$	0.00	Gioss Receipts Sect	ond Group	\$	0.00	
sase Rate Fee First Group	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
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CABLE ONE, IN						S	10379	Name
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Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	II	above.	\$		

EGAL NAME OF OWNER CABLE ONE, INC. of					\$	3YSTEM ID# 10379	Name
Ri	OCK A: COMPUTATION OF	BASE RA	ATE FEES FOR FAC	H SUBSCRII	BER GROUP		
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ase Rate Fee First Gro	ıp \$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
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dase Rate Fee Third Gr	up \$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIFTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE C	0 DSE	Computation of Base Rate Fand Syndicate Exclusivit Surcharge for Partially Distant Stations
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LEGAL NAME OF OWNE						•	3YSTEM ID# 10379	Name
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iross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
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CALL SIGN DO	,L	CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN	DOL	Base Rate F
								and
							••••	Syndicated
						_		Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			.					
otal DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Group		\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Group		\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SIXTY-SEVE	NTH	SUBSCRIBER GROU	ID	CIV				
		SODOO! (IDE! (O! (OC	7	II SIX	TY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	JP 0	
CALL SIGN DS		CALL SIGN		1	DSE	CALL SIGN		
			0	COMMUNITY/ AREA			0	
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			0	COMMUNITY/ AREA			0	
			0	COMMUNITY/ AREA			0	
CALL SIGN DS			0	COMMUNITY/ AREA			0	
			DSE	CALL SIGN	DSE		DSE	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10379									
-		COMPUTATION C		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	ID		
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		
		SUBSCRIBER GRO		ii ii		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	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add Enter here and in bloo			criber group a	II as shown in the boxes a	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10379									
SEV		COMPUTATION C SUBSCRIBER GRC		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for Partially	
								Distant Stations	
								Stations	
Total DSEs	·		0.00	Total DSEs	•		0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
		SUBSCRIBER GRC				SUBSCRIBER GROU			
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	Gross Receipts Third Group \$ 0.00		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		
Base Rate Fee: Add Enter here and in blo			criber group a	II	above.	\$			

,	d/b/a SP	ARKLIGHT					10379	Name
				TE EEE EOD E 401	I CUDOOD!	DED CDOUD		
		SUBSCRIBER GRO		TE FEES FOR EACH		SUBSCRIBER GROUP	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE			DSF	Computation
OF REE CIGIT	BGE	OF ILLE CICIT	DOL	ONEE SIGHT	BOL	O'TEE SIGIT	DOL	Base Rate F
								and
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SEVEN	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u> </u>							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Dogo Data For This I C	·		0.00	Book Both For Fire	ib Cravii		0.00	
Base Rate Fee Third G	πουρ	\$	0.00	Base Rate Fee Fourt	л отоир	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	s shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE					SYSTEM ID# 10379			
	BI OCK V	COMPLITATION	DE BASE DA	TE FEES FOR EAC	H SHRSCPI	RER GROUD	_	
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Commutatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.22 0.0.1	202	0,122 0.0.1	332	07.22 0.0.1	202	07.122.01011	302	Base Rate F
								and
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								Stations
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First C	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIG	TV_THIRD	SUBSCRIBER GRO	NID.	FIGH	ITV_EOLIRTH	SUBSCRIBER GROU	ID	
OMMUNITY/ AREA		- COBCONIBENT ONC	0	COMMUNITY/ AREA		- COBCONIDENCINO	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10379									
EI		COMPUTATION C		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP		
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		
EIGHT	Y-SEVENTH	SUBSCRIBER GRO	UP	EIG	HTY-EIGHTH	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	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10379									
FIG		COMPUTATION C		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP		
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		
		SUBSCRIBER GRO		ii ii		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	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	sase Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$		\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group a	II	above.	\$			

LEGAL NAME OF OWN CABLE ONE, INC						5	10379	Name
	BI OCK V	COMPLITATION	DE BASE PA	ATE FEES FOR EAC	H SUBSCPI	BER GROUP		
NIN		SUBSCRIBER GRO		П		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation
								Base Rate F
								and
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otal 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	
NIN	NETY-FIFTH	SUBSCRIBER GRO	DUP	N	INETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
		H						
								
		H	····			H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				II.				
Base Rate Fee: Add tenter here and in bloo			criber group a	as shown in the boxes	above.	\$		
niei neie and m plot	πο, iiiie i, S	pace L (page /)				ψ		

ABLE ONE, INC. d/b/a SPARKLIGHT BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP NINETY-SEVENTH SUBSCRIBER GROUP NINETY-SIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL	NINETY-SEVEI UNITY/ AREA
NINETY-SEVENTH SUBSCRIBER GROUP DMMUNITY/ AREA 0 COMMUNITY/ AREA 0	NINETY-SEVEI UNITY/ AREA
COMMUNITY/ AREA O COMMUNITY/ AR	UNITY/ AREA
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SASSEL Base I Synt Excl Surv Par Dial DSEs Ones Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts First Group Some Receipts Second Group	SIGN DS
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Stal DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
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ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Asse Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINETY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	SES
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otal DSEs 0.00 Total DSEs 0.00	SEs
ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Receipts Third Group
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10379									
				TE FEES FOR EAC					
ONE HUN COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	11		SUBSCRIBER GROU	JP 0	9	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
						<u> </u>		Base Rate Fee and	
						<u> </u>		Syndicated	
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								Distant	
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			0.00				0.00		
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		
		SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs	•		0.00	Total DSEs	•		0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group a	II	above.	\$			

LEGAL NAME OF OWNE CABLE ONE, INC.						5	10379	Name
				TE EEEO FOO FAO	H CHROOM	DED CDOUD		
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				of
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otal DSEs		Į Į	0.00	Total DSEs		H	0.00	
Bross Receipts First G	roup	<u> </u>	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	UP	ONE HUNDE	RED EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
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Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
se Rate Fee: Add there there and in block			criber group a	s shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE						5	10379	Name
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		SUBSCRIBER GRO		TE FEES FOR EAC		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				of
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otal DSEs	•	'	0.00	Total DSEs	•	'	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED E	ELEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>				 		
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otal 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	
ase Rate Fee: Add thater here and in block			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.						•	10379	Mana
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ONE HUNDRED THI				TE FEES FOR EAC		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
O. L.L. G.G. (202	5/122 5/5/1	332	07.22 0.0.1	232	07.122.01.01.1	202	Base Rate Fe
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otal DSEs	_	!!	0.00	Total DSEs		!-!	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F	IFTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····					
	····		····					
	•••••••				•••••	-		
otal 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			riber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWI						S	10379	NI a see a
ONE HUNDRED SE				TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	ID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GROU	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		ii e		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	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	II as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	10379	Minima
				TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				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
			<mark></mark>			H		Exclusivity Surcharge
			<mark></mark>			 		for
								Partially
								Distant
			<mark></mark>					Stations
			<mark></mark>			<u> </u>		
			<mark></mark>			<u> </u>		
						-		
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 GROUP		ii .		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
			.		•••••	-		
			<mark></mark>					
			<mark></mark>			<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group a	II	above.	\$		

CABLE ONE, INC						\$	10379	NI
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROUP		ONE HUNDRED T	WENTY-SIXTH	SUBSCRIBER GROUP		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
			<u></u>					and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
			<u></u>					Stations
			<mark></mark>			-		
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWEN	ITY-SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••••		···			 		
			<mark></mark>			-		
			···			-		
			<mark></mark>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group a	II	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.						S	10379	M ID# 0379 Name
			ED405 5	TE EEEO EOO	10112005	DED OBOUE	10070	
		SUBSCRIBER GROUP		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROUP		
COMMUNITY/ AREA		- CODECINIDENT CINCOL	0	COMMUNITY/ AREA		CODECTIBLITORIO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIOIV	DOL	O'NEE GIGIN	DOL	O'NEE GIGIN	BOL	O'ALL GIGIT	DOL	Base Rate Fe
								and
								Syndicated
								Exclusivity
	<u></u>		<u></u>					Surcharge for
			<u></u>		····			Partially
								Distant
								Stations
			<u></u>					
	<u></u>							
	. 		<u>-</u>					
otal DSEs		· ·	0.00	Total DSEs			0.00	
Bross Receipts First G	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TH	RTY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED THIS	RTY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<mark></mark>					
	<u>-</u>		<u>"</u>		····			
			<u></u>					
	<u></u>		<mark></mark>					
			<u></u>		····			
	<u></u>		<u></u>					
	<u>-</u>		···		••••			
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	ns shown in the boxes a	bove.	s		

CABLE ONE, INC						\$	10379	NI
				ATE FEES FOR EAC				
		SUBSCRIBER GROUP		Ħ		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
						<u> </u>		Distant Stations
						 		Stations
						-		
						-		
T / I DOF			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED T	HIRTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						 		
						 		
						 		
		H				 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group a	II	above.	\$		

LEGAL NAME OF OWNE						S	3YSTEM ID# 10379	EM ID# 10379 Name
			E DAGE 5.	TE EEEO EOO E A O	11 01 15005.	DED ODOUG	.007.0	
ONE HUNDRED THIRT				TE FEES FOR EAC		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
			···					for Partially
								Distant
								Stations
			<mark></mark>					
							·····	
			···					
otal DSEs	*	'	0.00	Total DSEs	<u>.</u>		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	nd Group	\$	0.00	
ONE HUNDRED TH	RTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDRE	D FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<mark></mark>					
			···					
			<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	
ase Rate Fee: Add th			riber group a	as shown in the boxes a	above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA COLL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SSE SSE SSE SSE SSE SSE SS	SYSTEM ID# 10379						LEGAL NAME OF OWNER
ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP		OI IDOCE	TE EEEO EOO E A O : :	. DAOE 5 :			
COMMUNITY/ AREA				BASE RA			
CALL SIGN DSE	0			0			
See Rate Fee First Group See Rate Fee First Group ONE HINDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DSE		DSF	CALL SIGN	DSF	CALL SIGN	DSF	CALL SIGN
Total DSEs Gross Receipts First Group Base Rate Fee First Group COMMUNITY/ AREA O CALL SIGN DSE CALL SI	Base	562	ONEE CICIT	BOL	ONEE CICIT	BOL	O' LEE GIGIT
Total DSEs Service Se							
Total DSEs Total DSEs	Syn						
Fotal DSEs	Exc						
Fotal DSEs O.00 Gross Receipts First Group Source Rate Fee First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCMUNITY/ AREA OCMMUNITY	Sur						
Fotal DSEs O.00 Gross Receipts First Group Source Rate Fee First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCMUNITY/ AREA OCMMUNITY							
Total DSEs	Pa Di						
Total DSEs Octal	Sta						
Gross Receipts First Group Sase Rate Fee First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN							
Gross Receipts First Group Sase Rate Fee First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SIGN D							
Gross Receipts First Group Sase Rate Fee First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN							
Gross Receipts First Group Base Rate Fee First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN		<u> </u>					
Gross Receipts First Group Base Rate Fee First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN							
Gross Receipts First Group Sase Rate Fee First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN		ldot					
Base Rate Fee First Group S ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA	0.00		Total DSEs	0.00			Total DSEs
ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE	\$ 0.00	l Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE	s 0.00	d Group	Base Rate Fee Second	0.00	s	oup	Base Rate Fee First Gr
COMMUNITY/ AREA O COMMUNITY/ AR	-						
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	1 SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FORT		SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
Total DSEs	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						 	
							
		!					
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	0.00		Total DSEs	0.00			Total DSEs
	\$ 0.00	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	\$ 0.00	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)		ove.	s shown in the boxes abo	ber group a			

LEGAL NAME OF OWN CABLE ONE, INC						S	10379	NI
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED F	ORTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP		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
			<mark></mark>			-		Syndicated Exclusivity
			<mark></mark>			 		Surcharge
								for
								Partially
								Distant
			<mark></mark>					Stations
			<mark></mark>					
			<u>.</u>		•••••	-		
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 FORT	TY-SEVENTH	SUBSCRIBER GROUP		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	
			<u>.</u>		•••••	-		
			<u>. </u>					
			<u>.</u>					
	·····		<mark></mark>			-		
					····			
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 blood			riber group a	as shown in the boxes a	above.	\$		

CABLE ONE, INC						S	10379	NI a see a
0.151				ATE FEES FOR EAC				
ONE HUNDRED FO		SUBSCRIBER GRO	UP 0	ONE HUNDR		SUBSCRIBER GROU	JP 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
		<u> </u>				<u> </u>		
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-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			···					
						<u> </u>		
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	II	above.	\$		

LEGAL NAME OF OWN						S	10379	NI a see a
ONE				TE FEES FOR EAC			ID.	
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GROU)P	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								3.00.00
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	II as shown in the boxes a	above.	\$		

O COMMUNITY/ AREA O Computation DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for	ONE HUNI	ON OF BASE I			CABLE ONE, INC			
ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP O COMMUNITY/ AREA O Computation DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for	ONE HUNI	ON OF BASE I	COMPUTATION	RFOCK V:				
O COMMUNITY/ AREA O Computation DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for		ROUP	SUBSCRIBER GROU	Y-SEVENTH	ONE HUNDRED FIFT			
DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Formand Syndicated Exclusivity Surcharge for				COMMUNITY/ AREA O COMMUNITY/ AREA				
Base Rate Formand Syndicated Exclusivity Surcharge for	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Syndicated Exclusivity Surcharge for	OALL SIGN	DOL	CALL SIGIN	DOL	CALL GIGIN			
Exclusivity Surcharge for								
Surcharge for								
for								
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Partially								
Distant Stations								
Stations								
				•••••				
0.00 Total DSEs 0.00	Total DSEs	0.00			otal DSEs			
0.00 Gross Receipts Second Group \$ 0.00	Gross Receipts	0.00	\$	Group	ross Receipts First G			
0.00 Base Rate Fee Second Group \$ 0.00	Base Rate Fee	0.00	\$	Group	ase Rate Fee First G			
UP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP	ONE	ROUP	SUBSCRIBER GRO	IFTY-NINTH	ONE HUNDRED F			
O COMMUNITY/ AREA O	COMMUNITY/	C			OMMUNITY/ AREA			
DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
				<u>.</u>				
0.00 Total DSEs 0.00	Total DSEs	0.00			otal DSEs			
0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts	0.00	\$	Group	ross Receipts Third (
	Base Rate Fee	0.00	\$	Group	Base Rate Fee Third (

LEGAL NAME OF OWNE CABLE ONE, INC.						5	10379	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECONE	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	STODD	ARD CO		COMMUNITY/ AREA	DUNKL	IN COUNTY CENT	DUP	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
					<u></u>			for Partially
	····				<u> </u>			Distant
								Stations
					···			0.00.0
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 466	3,895.64	Gross Receipts Secon	d Group	\$	78,179.21	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	DUNKL	IN CO NORTH &	NEW MA	COMMUNITY/ AREA	DUNKL	IN CO SOUTH		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
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					•			
					<u> </u>			
			<u>-</u>		<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$</u> 204	,947.01	Gross Receipts Fourth	Group	\$ 2	298,084.89	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
ase Rate Fee: Add th			riber group a	s shown in the boxes ab	oove.	\$	0.00	

CABLE ONE, INC.		SYSTEM: ARKLIGHT				S	10379	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		<u> </u>
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA	CLAY 8	GREENE COUN	ITIES (AF	COMMUNITY/ AREA	PEMISO	OT COUNTY SOL		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 285	5,006.64	Gross Receipts Secon	d Group	\$	39,626.71	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GROU	JP	
		SUBSCRIBER GRO		COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	JP 0	
				COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU		
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COMMUNITY/ AREA	PEMISO	COT COUNTY NO	ORTH				0	
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CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN	DSE		DSE	
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LEGAL NAME OF OWNER CABLE ONE, INC. (S	10379	Name
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	NINTH	SUBSCRIBER GROL				SUBSCRIBER GROU		9
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Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$		
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Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EL	EVENTH	SUBSCRIBER GROU	IP		TWELVTH	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 Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
							<u> </u>	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the			iber group a	as shown in the boxes a	above.	\$		

Name	10379							
				TE FEES FOR EACH				
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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LEGAL NAME OF OWNER CABLE ONE, INC. (S	10379	Name
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	NTEENTH	SUBSCRIBER GROU		11	IGHTEENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computation
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Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NIN	NTEENTH	SUBSCRIBER GROU	Р	-	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
								
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block :			iber group a	s shown in the boxes a	bove.	\$		

Name	YSTEM ID# 10379	S						LEGAL NAME OF OWNER CABLE ONE, INC. (
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION O	LOCK A:	В
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9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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LEGAL NAME OF OWN						,	10379	Name
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		SUBSCRIBER GRO		TW	ENTY-SIXTH	SUBSCRIBER GRO		9
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENT	Y-SEVENTH	SUBSCRIBER GRO	UP	TWE	NTY-EIGHTH	SUBSCRIBER GRO	UP	
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Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
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Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes a	above.	\$		

EGAL NAME OF OWNER OF CABLE ONE, INC. d/b/						10379	Name
	CK A: COMPUTATIO		TE FEES FOR EAC				
	INTH SUBSCRIBER G				H SUBSCRIBER GROU		9
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRTY-F	IRST SUBSCRIBER G	ROUP	THI	RTY-SECONI	O SUBSCRIBER GROU	JP	
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Fotal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
		0.00	Base Batt 5 - 5	-41- 0		0.65	
Base Rate Fee Third Group	15	0.00	base kate Fee Fou	ıın Group	\$	0.00	
Gross Receipts Third Group	\$				\$		

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9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GROU	TY-THIRD	
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	0.00	SUBSCRIBER GROU	d Group RTY-SIXTH DSE	TH COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	SUBSCRIBER GROU	DSE	THIR COMMUNITY/ AREA CALL SIGN
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Name	10379						. u/b/a Si A	CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH	H		SUBSCRIBER GRO	-SEVENTH	
Computat of Base Rate and Syndicate Exclusivi Surcharg for Partially	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	10379	3					d/b/a SP	CABLE ONE, INC.
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Computat of Base Rate and Syndicat Exclusiv Surcharg for Partially				COMMUNITY AREA				COMMUNITY AREA
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CABLE ONE, INC.			-			,	10379	Name
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LEGAL NAME OF OWNER CABLE ONE, INC. (S	10379	Name
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Nonpermitted 3.75 Stations

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Nonpermitted 3.75 Stations

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10379								
		BER GROUP	SUBSCRI	TE FEES FOR EACH					
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Nonpermitted 3.75 Stations

_	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10379								
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	0.00 0.00 DSE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDREI COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	TOUP TY-NINTH DSE	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA

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