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:

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For additional information,
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Office Licensing Division at: Tel:
(202) 707-8150

A Accounting Period	**ACCOUNTING PERIOD COVERED BY THIS STATEMENT:** **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. **003838**

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM

CABLE ONE, INC.

00383820211

003838   2021/1

210 E,. EARLL DRIVE
PHOENIX, AZ 85012-2626

C System	**INSTRUCTIONS:** In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

1 | **IDENTIFICATION OF CABLE SYSTEM:** **SPARKLIGHT**

2 | **MAILING ADDRESS OF CABLE SYSTEM:** **7501 NITA PLACE NE**
(Number, street, rural route, apartment, or suite number)
RIO RANCHO, NM 87144
(City, town, state, zip code)

D Area Served First Community	**Instructions:** For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities.

CITY OR TOWN	STATE
RIO RANCHO	**NM**

Below is a sample for reporting communities if you report multiple channel line-ups in Space G.

CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Alda	MD	A	1
Alliance	MD	B	2
Gering	MD	B	3

Sample

FORM SA3E. PAGE 1b.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC.	**003838**	

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identifcation hereafter known as the "first community." Please use it as the first community on all future filings.

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-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.

D
Area Served

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
RIO RANCHO	**NM**		
SANDOVAL COUNTY	**NM**		

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

E

Secondary Transmission Service: Sub-scribers 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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:			**BULK RESIDENTIAL**	857	$ 20.48
• Service to first set	1,938	$ 40.00			
• Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	33	$ 73.00			
Converter					
• Residential	1,938	$ 2.75			
• Non-residential	531	$ 1.00			

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 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		**Installation: Non-residential**		**TIER**	$ 52.50
• Pay cable	$ 19.00	• Motel, hotel			
• Pay cable—add'l channel	$ 10.99	• Commercial			
• Fire protection		• Pay cable			
•Burglar protection		• Pay cable-add'l channel			
Installation: Residential		• Fire protection			
• First set	$ 90.00	• Burglar protection			
• Additional set(s)	$ 30.00	**Other services:**			
• FM radio (if separate rate)		• Reconnect	$ 90.00		
• Converter		• Disconnect			
		• Outlet relocation	$ 30.00		
		• Move to new address	$ 30.00		

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	SYSTEM ID# **003838**	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

    Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

    Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E." If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G

Primary Transmitters: Television

CHANNEL 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	
KASA-1	**27**	**I**	**No**		**SANTA FE, NM**	See instructions for additional information on alphabetization.
KASY	**36**	**I**	**No**		**ALBUQUERQUE, NM**	
KAZQ	**17**	**E**	**No**		**ALBUQUERQUE, NM**	
KCHF	**10**	**I**	**No**		**SANTA FE, NM**	
KNAT	**24**	**I**	**No**		**ALBUQUERQUE, NM**	
KNME	**35**	**E**	**No**		**ALBUQUERQUE, NM**	
KOAT-1	**7**	**N**	**No**		**ALBUQUERQUE, NM**	
KOAT-2	**7**	**I-M**	**No**		**ALBUQUERQUE, NM**	
KOAT-3	**7**	**I-M**	**No**		**ALBUQUERQUE, NM**	
KOB	**26**	**N**	**No**		**ALBUQUERQUE, NM**	
KOB-2	**26**	**I-M**	**No**		**ALBUQUERQUE, NM**	
KOB-3	**26**	**I-M**	**No**		**ALBUQUERQUE, NM**	
KRPV	**27**	**I**	**No**		**ROSWELL, NM**	
KRQE	**13**	**N**	**No**		**ALBUQUERQUE, NM**	
KRQE-2	**13**	**I-M**	**No**		**ALBUQUERQUE, NM**	
KTEL	**25**	**I**	**No**		**CARLSBAD, NM**	
KRQE-3	**13**	**I-M**	**No**		**ALBUQUERQUE, NM**	

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

PRIMARY TRANSMITTERS: TELEVISION

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

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

    Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

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

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G

Primary Transmitters: Television

CHANNEL LINE-UP AA CONT'D

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
KWBQ	29	I	No		ALBUQUERQUE, NM
KNMD	8	E	No		SANTA FE, NM
KUPT	32	I	No		ALBUQUERQUE, NM
KRTN	18	I	No		ALBUQUERQUE, NM

See instructions for additional information on alphabetization.

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

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G

Primary Transmitters: Television

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FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**	**Name**

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G

Primary Transmitters: Television

CHANNEL 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

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL 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

U.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

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

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

   Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

   Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G

Primary Transmitters: Television

		CHANNEL LINE-UP AE			
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.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	SYSTEM ID# **003838**	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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

 Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

 Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

G
Primary Transmitters: Television

CHANNEL LINE-UP AF

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.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	SYSTEM ID# **003838**	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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

    Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

    Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AG

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 OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	SYSTEM ID# **003838**	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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

    Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

    Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AH

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 OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	SYSTEM ID# **003838**	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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

    Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

    Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AI					
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 OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

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

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

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

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

    Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

    Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AJ					
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 OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

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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  station was carried only on a substitute basis.

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

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

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

 Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AK					
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 OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**	**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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

    Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

    Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AL

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.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	SYSTEM ID# **003838**	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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E." If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AM					
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.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**	**Name**

PRIMARY TRANSMITTERS: TELEVISION

G

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

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

Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E." If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

CHANNEL LINE-UP AN					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	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 OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

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

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

    Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

    Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AO

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 OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**	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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

    Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

    Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP **AP**					
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 OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AQ

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.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	SYSTEM ID# **003838**	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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• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AR					
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 OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

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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    station was carried only on a substitute basis.

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    basis. For further information concerning substitute basis stations, see page (v) of the general instructions located
    in the paper SA3 form.

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

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

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

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

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

G

**Primary
Transmitters:
Television**

CHANNEL 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

U.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

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

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP	AT				
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.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

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

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL 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 OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**	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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AV					
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 OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	SYSTEM ID# **003838**	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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

    Column 3: Indicate in each case whether the station is a network station, an independent 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 ex-planation of local service area, see page (v) of the general instructions located in the paper SA3 form.

    Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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

G

Primary Transmitters: Television

CHANNEL LINE-UP AW

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.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

H

Primary Transmitters: Radio

PRIMARY TRANSMITTERS: RADIO

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

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

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

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

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

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG

In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.

1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE

• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?   ☐ **Yes**   ☒ **No**

Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.

2. LOG OF SUBSTITUTE PROGRAMS

In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

   Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."

   Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."

   Column 3: Give the call sign of the station broadcasting the substitute program.

   Column 4: Give the broadcast 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).

   Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."

   Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."

   Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON FOR DELETION
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	TO	
					—		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	**003838**

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-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 column 5 of space G.

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

• Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."

• State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app."

• You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE

CALL SIGN	WHEN CARRIAGE OCCURRED			CALL SIGN	WHEN CARRIAGE OCCURRED		
	DATE	FROM	TO		DATE	FROM	TO
			—				—
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FORM SA3E. PAGE 7.

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	SYSTEM ID# **003838**	**Name**

GROSS RECEIPTS

Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.

Gross receipts from subscribers for secondary transmission service(s)

during the accounting period. . . . .

$ 716,528.30

(Amount of gross receipts)

IMPORTANT: You must complete a statement in space P concerning gross receipts.

K
Gross Receipts

COPYRIGHT ROYALTY FEE

Instructions: Use the blocks in this space L to determine the royalty fee you owe:
• Complete block 1, showing your minimum fee.
• Complete block 2, showing whether your system carried any distant television stations.
• If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.
• If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.

▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.

▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.

▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.

L
Copyright Royalty Fee

Block 1	**MINIMUM FEE:** All cable systems with semiannual gross receipts of $527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.	
	Line 1. Enter the amount of gross receipts from space K	**$ 716,528.30**
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.	**$ 7,623.86**

Block 2	**DISTANT TELEVISION STATIONS CARRIED:** Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.
	• Did your cable system carry any distant television stations during the accounting period? **X** Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4.

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	**$ -**
	Line 2. **3.75 Fee:** Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	**0.00**
	Line 3. Add lines 1 and 2 and enter here	**$ -**

Block 4	Line 1. **BASE RATE FEE/3.75 FEE or MINIMUM FEE:** Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	**$ 7,623.86**
	Line 2. **SYNDICATED EXCLUSIVITY SURCHARGE:** Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	**0.00**
	Line 3. Line 3. **INTEREST CHARGE:** Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	**0.00**
	Line 4. **FILING FEE.**	**$ 725.00**
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	**$ 8,348.86**
	Remit this amount via *electronic payment* payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)	

Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

U.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

M

Channels

CHANNELS

Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.

1. Enter the total number of channels on which the cable
   system carried television broadcast stations . . . .

   | **20** |

2. Enter the total number of activated channels
   on which the cable system carried television broadcast stations
   and nonbroadcast services . . . .

   | **284** |

N

Individual to Be Contacted for Further Information

INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)

Name **EMERSON YEARWOOD**   Telephone **602-364-6195**

Address **210 E. EARLL DRIVE**
(Number, street, rural route, apartment, or suite number)

PHOENIX, AZ 85012-2626
(City, town, state, zip)

Email   emerson.yearwood@cableone. Biz   Fax (optional) 602-364-6013

O

Certifcation

CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)

• **I**, the undersigned, hereby certify that (Check one, *but only one* , of the boxes.)

☐ **(Owner other than corporation or partnership)** I am the owner of the cable system as identifed in line 1 of space B; or

☐ **(Agent of owner other than corporation or partnership)** I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or

☒ **(Officer or partner)** I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.

• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.
[18 U.S.C., Section 1001(1986)]

X   **/s/ Raymond Storck**

Enter an electronic signature on the line above using an "/s/" signature to certify this statement.
(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name.   Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.

Typed or printed name: **RAYMOND STORCK**

Title: **VICE PRESIDENT**
(Title of official position held in corporation or partnership)

Date: August 27, 2021

FORM SA3E. PAGE9.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS

The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-
lowing sentence:

> "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic
> service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-
> scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."

For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the
paper SA3 form.

During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions
made by satellite carriers to satellite dish owners?

X NO

☐ YES. Enter the total here and list the satellite carrier(s) below. . . . . **$**

Name	Name
Mailing Address	Mailing Address

P

Special Statement Concerning Gross Receipts Exclusion

INTEREST ASSESSMENTS

You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.
For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.

Line 1 Enter the amount of late payment or underpayment . . . .

x

Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . **-**

x _____ days

Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . **-**

x 0.00274

Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,
space L, (page 7) . . . . **$** **-**

(interest charge)

* To view the interest rate chart click on *www.copyright.gov/licensing/interest-rate.pdf.* For further assistance please
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce,
please list below the owner, address, first community served, accounting period, and ID number as given in the original
filing.

Owner
Address

First community served
Accounting period
ID number

Q

Interest Assessment

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.	**0.00**	

2 **Computation of DSEs for Category "O" Stations** Add rows as necessary. Remember to copy all formula into new rows.	**Instructions:** **In the column headed "Call Sign":** list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). **In the column headed "DSE":** for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."

CATEGORY "O" STATIONS: DSEs

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

3

Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity

Instructions: CAPACITY
Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).
   Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.
   Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.
   Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.
   Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."
   Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.

CATEGORY LAC STATIONS: COMPUTATION OF DSEs

1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=
	÷	=		x	=

SUM OF DSEs OF CATEGORY LAC STATIONS:
Add the DSEs of each station.
   Enter the sum here and in line 2 of part 5 of this schedule, ... ▶   **0.00**

4

Computation of DSEs for Substitute-Basis Stations

Instructions:
Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:
 • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and
 • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).
   Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.
   Column 3: Enter the number of days in the calendar year: 365, except in a leap year.
   Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).

SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs

1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	
	÷	=			÷	=	

SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:
Add the DSEs of each station.
   Enter the sum here and in line 3 of part 5 of this schedule, ... ▶   **0.00**

5

Total Number of DSEs

TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.

   1. Number of DSEs from part 2 ● _____ ▶ _____ **0.00**

   2. Number of DSEs from part 3 ● _____ ▶ _____ **0.00**

   3. Number of DSEs from part 4 ● _____ ▶ _____ **0.00**

TOTAL NUMBER OF DSEs _____ ▶   **0.00**

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**	**Name**

Instructions: Block A must be completed.
In block A:
• If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.
• If your answer if "No," complete blocks B and C below.

6

Computation of 3.75 Fee

BLOCK A: TELEVISION MARKETS

Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?

☐ Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.

☒ No—Complete blocks B and C below.

BLOCK B: CARRIAGE OF PERMITTED DSEs

Column 1: **CALL SIGN** List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)

Column 2: **BASIS OF PERMITTED CARRIAGE** Enter the appropriate letter indicating the basis on which you carried a permitted station.
(Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)
A   Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]
B   Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)
C   Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]
D   Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).
E   Carried pursuant to individual waiver of FCC rules (76.7)
*F   A station previously carried on a part-time or substitute basis prior to June 25, 1981
G   Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]
M   Retransmission of a distant multicast stream.

Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.
*(**Note:** For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)

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

BLOCK C: COMPUTATION OF 3.75 FEE

Line 1: Enter the total number of DSEs from part 5 of this schedule .... **-**

Line 2: Enter the sum of permitted DSEs from block B above .... **-**

Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.
(If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) **0.00**

Line 4: Enter gross receipts from space K (page 7) ....
| | x 0.0375 |

Line 5: Multiply line 4 by 0.0375 and enter sum here ....
| | x |

Line 6: Enter total number of DSEs from line 3 .... **-**

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)   **0.00**

Do any of the DSEs represent partially permited/ partially nonpermitted carriage? If yes, see part 9 instructions.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	003838	

BLOCK A: TELEVISION MARKETS (CONTINUED)

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	**6**
									Computation of 3.75 Fee

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

Worksheet for Computing the DSE Schedule for Permitted Part-Time and Substitute Carriage

Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those 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.

Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.

Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).

Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:

(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)

A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).

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 verifcation 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 SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE

7

Computation of the Syndicated Exclusivity Surcharge

Instructions: Block A must be completed.

In block A:

If your answer is "Yes," complete blocks B and C, below.

If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.

BLOCK A: MAJOR TELEVISION MARKET

• Is any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981?

[X] Yes—Complete blocks B and C .   [ ] No—Proceed to part 8

BLOCK B: Carriage of VHF/Grade B Contour Stations	BLOCK C: Computation of Exempt DSEs

Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?

[ ] Yes—List each station below with its appropriate permitted DSE

[X] No—Enter zero and proceed to part 8.

Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)

[ ] Yes—List each station below with its appropriate permitted DSE

[X] No—Enter zero and proceed to part 8.

CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	DSE
		TOTAL DSEs	**0.00**				TOTAL DSEs	**0.00**

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE

7

Computation of the Syndicated Exclusivity Surcharge

Section 1

Enter the amount of gross receipts from space K (page 7) . . . . ▶ $ 716,528.30

Section 2

A. Enter the total DSEs from block B of part 7 . . . . ▶ . 0.00

B. Enter the total number of exempt DSEs from block C of part 7 . . . . ▶ 0.00

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

• Is any portion of the cable system within a top 50 television market as defned by the FCC?

    [ ] Yes—Complete section 3 below.   [X] No—Complete section 4 below.

SECTION 3: TOP 50 TELEVISION MARKET

Section 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 DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.

A. Enter 0.00599 of gross receipts (the amount in section1) . . . . ▶ $

B. Enter 0.00377 of gross receipts (the amount in section .1) . . . . ▶ $

C. Subtract 1.000 from total permitted DSEs (the figure on
    line C in section 2) and enter here . . . . ▶

D. Multiply line B by line C and enter here . . . . ▶

E. Add lines A and D. This is your surcharge.
    Enter here and on line 2 of block 4 in space L (page 7)
    Syndicated Exclusivity Surcharge . . . . ▶ $

Section 3b

If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.

A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . ▶ $

B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . ▶ $

C. Multiply line B by 3.000 and enter here . . . . ▶ $

D. Enter 0.00178 of gross receipts (the amount in section 1) . . . . ▶ $

E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here

F. Multiply line D by line E and enter here . . . . ▶ $

G. Add lines A, C, and F. This is your surcharge.
    Enter here and on line 2 of block 4 in space L (page 7)
    Syndicated Exclusivity Surcharge . . . . ▶ $

SECTION 4: SECOND 50 TELEVISION MARKET

Section 4a

Did your cable system retransmit the signals of any partially distant television stations during the accounting period?

    [ ] Yes—Complete part 9 of this schedule.   [X] No—Complete the applicable section below.

If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.

A. Enter 0.00300 of gross receipts (the amount in section 1) . . . . ▶ $

B. Enter 0.00189 of gross receipts (the amount in section 1) . . . . ▶ $

C. Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)
    and enter here . . . . ▶

D. Multiply line B by line C and enter here . . . . ▶ $

E. Add lines A and D. This is your surcharge.
    Enter here and on line 2 of block 4 in space L (page 7)
    Syndicated Exclusivity Surcharge . . . . ▶ $

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

| **7**

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. . . . . ▶ $ . . . . |

| **8**

Computation of Base Rate Fee | | **Instructions:**
You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.
• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.
• If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.
• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.
What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.

BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS

• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?

    ☐ 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). . . . . ▶ $ **716,528.30**
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). . . . . ▶ **0.00**

	Section 3	If the figure in section 2 is **4.000 or less,** compute your base rate fee here and leave section 4 blank.
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.
		
		A. Enter 0.01064 of gross receipts
		    (the amount in section 1). . . . . ▶ $ **-**
		
		B. Enter 0.00701 of gross receipts
		    (the amount in section 1). . . . . ▶ $ **5,022.86**
		
		C. Subtract 1.000 from total DSEs
		    (the figure in section 2) and enter here. . . . . ▶ **-**
		
		D. Multiply line B by line C and enter here. . . . . ▶ $ **-**
		
		E. Add lines A, and D. This is your base rate fee. Enter here
		    and in block 3, line 1, space L (page 7)
		Base Rate Fee. . . . . ▶ $ . . . . **-**

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

Section 4

If the figure in section 2 is **more than 4.000**, compute your base rate fee here and leave section 3 blank.

A. Enter 0.01064 of gross receipts
(the amount in section 1) ▶ $ _____

B. Enter 0.00701 of gross receipts
(the amount in section 1) ▶ $ _____

C. Multiply line B by 3.000 and enter here ▶ $ _____

D. Enter 0.00330 of gross receipts
(the amount in section 1) ▶ $ _____

E. Subtract 4.000 from total DSEs
(the figure in section 2) and enter here ▶ _____

F. Multiply line D by line E and enter here ▶ $ _____

G. Add lines A, C, and F. This is your base rate fee.
Enter here and in block 3, line 1, space L (page 7)
Base Rate Fee ▶ $ 0.00

8

Computation of Base Rate Fee

IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.

In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:

First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.
In each section:

• Identify the communities/areas represented by each subscriber group.

• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.

• If:

1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,

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

• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.

• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.

• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

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

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								**9**
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				**Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations**
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 First Group	$		0.00	Gross Receipts Second Group	$		0.00	
Base Rate Fee First Group	$		0.00	**Base Rate Fee** Second Group	$		0.00	

THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group	$		0.00	Gross Receipts Fourth Group	$		0.00	
Base Rate Fee Third Group	$		0.00	**Base Rate Fee** Fourth Group	$		0.00	

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)
$ 0.00

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP			

9

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

FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

NINTH SUBSCRIBER GROUP				TENTH SUBSCRIBER GROUP				Computation
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	**Base Rate Fee**
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations

Total DSEs		0.00	Total DSEs		0.00
Gross Receipts First Group	$	0.00	Gross Receipts Second Group	$	0.00
Base Rate Fee First Group	$	0.00	**Base Rate Fee** Second Group	$	0.00

ELEVENTH SUBSCRIBER GROUP				TWELVTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		0.00	Total DSEs		0.00
Gross Receipts Third Group	$	0.00	Gross Receipts Fourth Group	$	0.00
Base Rate Fee Third Group	$	0.00	**Base Rate Fee** Fourth Group	$	0.00

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP				

9

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

THIRTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	**0.00**
Gross Receipts First Group	$ **0.00**
Base Rate Fee First Group	$ **0.00**

FOURTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	**0.00**
Gross Receipts Second Group	$ **0.00**
Base Rate Fee Second Group	$ **0.00**

FIFTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	**0.00**
Gross Receipts Third Group	$ **0.00**
Base Rate Fee Third Group	$ **0.00**

SIXTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	**0.00**
Gross Receipts Fourth Group	$ **0.00**
Base Rate Fee Fourth Group	$ **0.00**

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)

$

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

SEVENTEENTH SUBSCRIBER GROUP				EIGHTEENTH SUBSCRIBER GROUP				**9**
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	**Computation**
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	**of**
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

NINTEENTH SUBSCRIBER GROUP				TWENTIETH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

			9
			Computation
			of
			Base Rate Fee
			and
			Syndicated
			Exclusivity
			Surcharge
			for
			Partially
			Distant
			Stations

TWENTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

TWENTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

TWENTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

TWENTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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)

$

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

TWENTY-FIFTH SUBSCRIBER GROUP				TWENTY-SIXTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts First Group	$		0.00	Gross Receipts Second Group	$		0.00
Base Rate Fee First Group	$		0.00	**Base Rate Fee** Second Group	$		0.00

TWENTY-SEVENTH SUBSCRIBER GROUP				TWENTY-EIGHTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts Third Group	$		0.00	Gross Receipts Fourth Group	$		0.00
Base Rate Fee Third Group	$		0.00	**Base Rate Fee** Fourth Group	$		0.00

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)

$ _____

9

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

9

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

TWENTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **0.00**

Base Rate Fee First Group $ **0.00**

THIRTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **0.00**

Base Rate Fee Second Group $ **0.00**

THIRTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **0.00**

Base Rate Fee Third Group $ **0.00**

THIRTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **0.00**

Base Rate Fee Fourth Group $ **0.00**

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								**9**

THIRTY-THIRD SUBSCRIBER GROUP				THIRTY-FOURTH SUBSCRIBER GROUP				

COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	**Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations**

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

THIRTY-FIFTH SUBSCRIBER GROUP				THIRTY-SIXTH SUBSCRIBER GROUP			

COMMUNITY/ AREA			0	COMMUNITY/ AREA			0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

THIRTY-SEVENTH SUBSCRIBER GROUP				THIRTY-EIGHTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts First Group	$		0.00	Gross Receipts Second Group	$		0.00
Base Rate Fee First Group	$		0.00	**Base Rate Fee** Second Group	$		0.00

THIRTY-NINTH SUBSCRIBER GROUP				FORTIETH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts Third Group	$		0.00	Gross Receipts Fourth Group	$		0.00
Base Rate Fee Third Group	$		0.00	**Base Rate Fee** Fourth Group	$		0.00

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)

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9

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

9

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

FORTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA   **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   **0.00**

Gross Receipts First Group $ **0.00**

Base Rate Fee First Group $ **0.00**

FORTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA   **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   **0.00**

Gross Receipts Second Group $ **0.00**

Base Rate Fee Second Group $ **0.00**

FORTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA   **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   **0.00**

Gross Receipts Third Group $ **0.00**

Base Rate Fee Third Group $ **0.00**

FORTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA   **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   **0.00**

Gross Receipts Fourth Group $ **0.00**

Base Rate Fee Fourth Group $ **0.00**

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**	**Name**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		

| FORTY-FIFTH SUBSCRIBER GROUP | | | | FORTY-SIXTH SUBSCRIBER GROUP | | | |

9

Computation

of

Base Rate Fee

and

Syndicated

Exclusivity

Surcharge

for

Partially

Distant

Stations

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 First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

| FORTY-SEVENTH SUBSCRIBER GROUP | | | | FORTY-EIGHTH SUBSCRIBER GROUP | | | |

COMMUNITY/ AREA	0	COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
FORTY-NINTH SUBSCRIBER GROUP	FIFTIETH SUBSCRIBER GROUP

9

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

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 First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

FIFTY-FIRST SUBSCRIBER GROUP	FIFTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA	0	COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP				

9

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

FIFTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

FIFTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

FIFTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

FIFTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | | **9** |

FIFTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

FIFTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

FIFTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

SIXTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

9
Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

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)

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FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								**9**

SIXTY-FIRST SUBSCRIBER GROUP				SIXTY-SECOND SUBSCRIBER GROUP				Computation
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations

Total DSEs			0.00	Total DSEs			0.00
Gross Receipts First Group	$		0.00	Gross Receipts Second Group	$		0.00
Base Rate Fee First Group	$		0.00	**Base Rate Fee** Second Group	$		0.00

SIXTY-THIRD SUBSCRIBER GROUP				SIXTY-FOURTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs			0.00	Total DSEs			0.00
Gross Receipts Third Group	$		0.00	Gross Receipts Fourth Group	$		0.00
Base Rate Fee Third Group	$		0.00	**Base Rate Fee** Fourth Group	$		0.00

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)

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FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**	**Name**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	**9**

SIXTY-FIFTH SUBSCRIBER GROUP   **SIXTY-SIXTH SUBSCRIBER GROUP**

COMMUNITY/ AREA	0	COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

SIXTY-SEVENTH SUBSCRIBER GROUP   **SIXTY-EIGHTH SUBSCRIBER GROUP**

COMMUNITY/ AREA	0	COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

$

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

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								**9**

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

SIXTY-NINTH SUBSCRIBER GROUP / SEVENTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA			0	COMMUNITY/ AREA			0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

SEVENTY-FIRST SUBSCRIBER GROUP / SEVENTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA			0	COMMUNITY/ AREA			0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

9

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

SEVENTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

SEVENTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

SEVENTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

SEVENTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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) $

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP			**9**

9

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

SEVENTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

SEVENTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

SEVENTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

EIGHTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								**9**

EIGHTY-FIRST SUBSCRIBER GROUP / EIGHTY-SECOND SUBSCRIBER GROUP

9

Computation

of

Base Rate Fee

and

Syndicated

Exclusivity

Surcharge

for

Partially

Distant

Stations

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 First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

EIGHTY-THIRD SUBSCRIBER GROUP / EIGHTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA	0	COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | **9** |

9

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

EIGHTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

EIGHTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

EIGHTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

EIGHTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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)

$

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
EIGHTY-NINTH SUBSCRIBER GROUP				NINTIETH SUBSCRIBER GROUP				**9**
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	**Computation**

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	**of**
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations

Total DSEs	0.00		Total DSEs	0.00
Gross Receipts First Group	$ 0.00		Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00		**Base Rate Fee** Second Group	$ 0.00

NINETY-FIRST SUBSCRIBER GROUP				NINETY-SECOND SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00		Total DSEs	0.00
Gross Receipts Third Group	$ 0.00		Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00		**Base Rate Fee** Fourth Group	$ 0.00

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)

$

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							

9

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

NINETY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA 0

NINETY-FOURTH SUBSCRIBER GROUP

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 First Group $	0.00	Gross Receipts Second Group $	0.00
Base Rate Fee First Group $	0.00	**Base Rate Fee** Second Group $	0.00

NINETY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

NINETY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group $	0.00	Gross Receipts Fourth Group $	0.00
Base Rate Fee Third Group $	0.00	**Base Rate Fee** Fourth Group $	0.00

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)

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

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Computation

of

Base Rate Fee

and

Syndicated

Exclusivity

Surcharge

for

Partially

Distant

Stations

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

NINETY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

NINETY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

NINETY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

ONE HUNDREDTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**	Name

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

ONE HUNDRED FIRST SUBSCRIBER GROUP				ONE HUNDRED SECOND SUBSCRIBER GROUP				**9**
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	**Computation**

of

Base Rate Fee

and

Syndicated

Exclusivity

Surcharge

for

Partially

Distant

Stations

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

ONE HUNDRED THIRD SUBSCRIBER GROUP				ONE HUNDRED FOURTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		

9

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

ONE HUNDRED FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **0.00**

Base Rate Fee First Group $ **0.00**

ONE HUNDRED SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **0.00**

Base Rate Fee Second Group $ **0.00**

ONE HUNDRED SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **0.00**

Base Rate Fee Third Group $ **0.00**

ONE HUNDRED EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **0.00**

Base Rate Fee Fourth Group $ **0.00**

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)

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LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**	**Name**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
ONE HUNDRED NINTH SUBSCRIBER GROUP	ONE HUNDRED TENTH SUBSCRIBER GROUP

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

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 First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

ONE HUNDRED ELEVENTH SUBSCRIBER GROUP	ONE HUNDRED TWELVTH SUBSCRIBER GROUP

COMMUNITY/ AREA	0	COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

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

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts First Group $	0.00
Base Rate Fee First Group $	0.00

ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Second Group $	0.00
Base Rate Fee Second Group $	0.00

ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Third Group $	0.00
Base Rate Fee Third Group $	0.00

ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Fourth Group $	0.00
Base Rate Fee Fourth Group $	0.00

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

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

ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

ONE HUNDRED NINETEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

ONE HUNDRED TWENTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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) $

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	**9**

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Computation

of

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and

Syndicated

Exclusivity

Surcharge

for

Partially

Distant

Stations

ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **0.00**

Base Rate Fee First Group $ **0.00**

ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **0.00**

Base Rate Fee Second Group $ **0.00**

ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **0.00**

Base Rate Fee Third Group $ **0.00**

ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **0.00**

Base Rate Fee Fourth Group $ **0.00**

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)

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	**9**

ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP · **ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP**

COMMUNITY/ AREA	0	COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP · **ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP**

COMMUNITY/ AREA	0	COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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

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)

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

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

ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **0.00**

Base Rate Fee First Group $ **0.00**

ONE HUNDRED THIRTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **0.00**

Base Rate Fee Second Group $ **0.00**

ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **0.00**

Base Rate Fee Third Group $ **0.00**

ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **0.00**

Base Rate Fee Fourth Group $ **0.00**

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)

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

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

ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   **0.00**

Gross Receipts First Group $ **0.00**

Base Rate Fee First Group $ **0.00**

ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   **0.00**

Gross Receipts Second Group $ **0.00**

Base Rate Fee Second Group $ **0.00**

ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   **0.00**

Gross Receipts Third Group $ **0.00**

Base Rate Fee Third Group $ **0.00**

ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   **0.00**

Gross Receipts Fourth Group $ **0.00**

Base Rate Fee Fourth Group $ **0.00**

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP				**9**

9

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

ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **0.00**

Base Rate Fee First Group $ **0.00**

ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA   **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **0.00**

Base Rate Fee Second Group $ **0.00**

ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA   **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **0.00**

Base Rate Fee Third Group $ **0.00**

ONE HUNDRED FORTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA   **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **0.00**

Base Rate Fee Fourth Group $ **0.00**

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

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and
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Partially
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ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs: 0.00

Gross Receipts First Group: $ 0.00

Base Rate Fee First Group: $ 0.00

ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs: 0.00

Gross Receipts Second Group: $ 0.00

Base Rate Fee Second Group: $ 0.00

ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs: 0.00

Gross Receipts Third Group: $ 0.00

Base Rate Fee Third Group: $ 0.00

ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs: 0.00

Gross Receipts Fourth Group: $ 0.00

Base Rate Fee Fourth Group: $ 0.00

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)

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LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**	**Name**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

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Exclusivity

Surcharge

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Partially

Distant

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ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts First Group	$ 0.00
Base Rate Fee First Group	$ 0.00

ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Second Group	$ 0.00
Base Rate Fee Second Group	$ 0.00

ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Third Group	$ 0.00
Base Rate Fee Third Group	$ 0.00

ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Fourth Group	$ 0.00

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

9

Computation

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Base Rate Fee

and

Syndicated

Exclusivity

Surcharge

for

Partially

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Stations

ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

ONE HUNDRED FIFTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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) $

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP				

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

ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP
COMMUNITY/ AREA 0

ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP
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 First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP
COMMUNITY/ AREA 0

ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP
COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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) $

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								

9

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

ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **0.00**

Base Rate Fee First Group $ **0.00**

Total DSEs **0.00**

Gross Receipts Second Group $ **0.00**

Base Rate Fee Second Group $ **0.00**

ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

ONE HUNDRED SIXTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **0.00**

Base Rate Fee Third Group $ **0.00**

Total DSEs **0.00**

Gross Receipts Fourth Group $ **0.00**

Base Rate Fee Fourth Group $ **0.00**

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)

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FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts First Group	$		0.00	Gross Receipts Second Group	$		0.00
Base Rate Fee First Group	$		0.00	**Base Rate Fee** Second Group	$		0.00
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts Third Group	$		0.00	Gross Receipts Fourth Group	$		0.00
Base Rate Fee Third Group	$		0.00	**Base Rate Fee** Fourth Group	$		0.00

9

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

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)

$ 0.00

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								**9**

FIFTH SUBSCRIBER GROUP				SIXTH SUBSCRIBER GROUP				Computation
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

SEVENTH SUBSCRIBER GROUP				EIGHTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
NINTH SUBSCRIBER GROUP				TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			**0**	COMMUNITY/ AREA			**0**	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			**0.00**	Total DSEs			**0.00**	
Gross Receipts First Group		$	**0.00**	Gross Receipts Second Group		$	**0.00**	
Base Rate Fee First Group		$	**0.00**	**Base Rate Fee** Second Group		$	**0.00**	

9

Computation

of

Base Rate Fee

and

Syndicated

Exclusivity

Surcharge

for

Partially

Distant

Stations

ELEVENTH SUBSCRIBER GROUP				TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			**0**	COMMUNITY/ AREA			**0**	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			**0.00**	Total DSEs			**0.00**	
Gross Receipts Third Group		$	**0.00**	Gross Receipts Fourth Group		$	**0.00**	
Base Rate Fee Third Group		$	**0.00**	**Base Rate Fee** Fourth Group		$	**0.00**	

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**	**Name**

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP
COMMUNITY/ AREA 0	COMMUNITY/ AREA 0

9

Computation

of

Base Rate Fee

and

Syndicated

Exclusivity

Surcharge

for

Partially

Distant

Stations

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP
COMMUNITY/ AREA 0	COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

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FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

9

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

SEVENTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts First Group	$ 0.00
Base Rate Fee First Group	$ 0.00

EIGHTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Second Group	$ 0.00
Base Rate Fee Second Group	$ 0.00

NINETEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Third Group	$ 0.00
Base Rate Fee Third Group	$ 0.00

TWENTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Fourth Group	$ 0.00

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)

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FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								**9**

TWENTY-FIRST SUBSCRIBER GROUP / TWENTY-SECOND SUBSCRIBER GROUP

9

Computation

of

Base Rate Fee

and

Syndicated

Exclusivity

Surcharge

for

Partially

Distant

Stations

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 First Group	$	0.00	Gross Receipts Second Group	$	0.00
Base Rate Fee First Group	$	0.00	**Base Rate Fee** Second Group	$	0.00

TWENTY-THIRD SUBSCRIBER GROUP / TWENTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA		0	COMMUNITY/ AREA		0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		0.00	Total DSEs		0.00
Gross Receipts Third Group	$	0.00	Gross Receipts Fourth Group	$	0.00
Base Rate Fee Third Group	$	0.00	**Base Rate Fee** Fourth Group	$	0.00

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)

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FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
TWENTY-FIFTH SUBSCRIBER GROUP				TWENTY-SIXTH SUBSCRIBER GROUP				**9**
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

TWENTY-SEVENTH SUBSCRIBER GROUP				TWENTY-EIGHTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

								9
TWENTY-NINTH SUBSCRIBER GROUP				THIRTIETH SUBSCRIBER GROUP				**Computation**
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	**of**

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

THIRTY-FIRST SUBSCRIBER GROUP				THIRTY-SECOND SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

THIRTY-THIRD SUBSCRIBER GROUP — THIRTY-FOURTH SUBSCRIBER GROUP

9

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

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 First Group	$	0.00	Gross Receipts Second Group	$	0.00
Base Rate Fee First Group	$	0.00	**Base Rate Fee** Second Group	$	0.00

THIRTY-FIFTH SUBSCRIBER GROUP — THIRTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		0.00	Total DSEs		0.00
Gross Receipts Third Group	$	0.00	Gross Receipts Fourth Group	$	0.00
Base Rate Fee Third Group	$	0.00	**Base Rate Fee** Fourth Group	$	0.00

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) $

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
THIRTY-SEVENTH SUBSCRIBER GROUP				THIRTY-EIGHTH SUBSCRIBER GROUP				**9**
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	**Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations**
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group	$		0.00	Gross Receipts Second Group	$		0.00	
Base Rate Fee First Group	$		0.00	**Base Rate Fee** Second Group	$		0.00	
THIRTY-NINTH SUBSCRIBER GROUP				FORTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group	$		0.00	Gross Receipts Fourth Group	$		0.00	
Base Rate Fee Third Group	$		0.00	**Base Rate Fee** Fourth Group	$		0.00	

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)

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FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP			

9

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

FORTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA   **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		**0.00**
Gross Receipts First Group	$	**0.00**
Base Rate Fee First Group	$	**0.00**

FORTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA   **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		**0.00**
Gross Receipts Second Group	$	**0.00**
Base Rate Fee Second Group	$	**0.00**

FORTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA   **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		**0.00**
Gross Receipts Third Group	$	**0.00**
Base Rate Fee Third Group	$	**0.00**

FORTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA   **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		**0.00**
Gross Receipts Fourth Group	$	**0.00**
Base Rate Fee Fourth Group	$	**0.00**

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)

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FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

FORTY-FIFTH SUBSCRIBER GROUP / FORTY-SIXTH SUBSCRIBER GROUP

9

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

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 First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

FORTY-SEVENTH SUBSCRIBER GROUP / FORTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA	0	COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP				

9

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

FORTY-NINTH SUBSCRIBER GROUP — FIFTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA	0	COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

FIFTY-FIRST SUBSCRIBER GROUP — FIFTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA	0	COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

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ACCOUNTING PERIOD: 2021/1

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	

9

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

FIFTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts First Group $	0.00
Base Rate Fee First Group $	0.00

FIFTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Second Group $	0.00
Base Rate Fee Second Group $	0.00

FIFTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Third Group $	0.00
Base Rate Fee Third Group $	0.00

FIFTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Fourth Group $	0.00
Base Rate Fee Fourth Group $	0.00

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)

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FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								**9**

FIFTY-SEVENTH SUBSCRIBER GROUP — COMMUNITY/ AREA: 0

FIFTY-EIGHTH SUBSCRIBER GROUP — COMMUNITY/ AREA: 0

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

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group $	0.00	Gross Receipts Second Group $	0.00
Base Rate Fee First Group $	0.00	**Base Rate Fee** Second Group $	0.00

FIFTY-NINTH SUBSCRIBER GROUP — COMMUNITY/ AREA: 0

SIXTIETH SUBSCRIBER GROUP — COMMUNITY/ AREA: 0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group $	0.00	Gross Receipts Fourth Group $	0.00
Base Rate Fee Third Group $	0.00	**Base Rate Fee** Fourth Group $	0.00

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)

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FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								**9**

SIXTY-FIRST SUBSCRIBER GROUP   SIXTY-SECOND SUBSCRIBER GROUP

9

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

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 First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

SIXTY-THIRD SUBSCRIBER GROUP   SIXTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA			0	COMMUNITY/ AREA			0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

$

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								**9**
SIXTY-FIFTH SUBSCRIBER GROUP				SIXTY-SIXTH SUBSCRIBER GROUP				**Computation**
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	**of**
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	**Base Rate Fee**
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

SIXTY-SEVENTH SUBSCRIBER GROUP				SIXTY-EIGHTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	

9

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

SIXTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		**0.00**
Gross Receipts First Group	$	**0.00**
Base Rate Fee First Group	$	**0.00**

SEVENTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		**0.00**
Gross Receipts Second Group	$	**0.00**
Base Rate Fee Second Group	$	**0.00**

SEVENTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		**0.00**
Gross Receipts Third Group	$	**0.00**
Base Rate Fee Third Group	$	**0.00**

SEVENTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		**0.00**
Gross Receipts Fourth Group	$	**0.00**
Base Rate Fee Fourth Group	$	**0.00**

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	

SEVENTY-THIRD SUBSCRIBER GROUP				SEVENTY-FOURTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts First Group	$		0.00	Gross Receipts Second Group	$		0.00
Base Rate Fee First Group	$		0.00	**Base Rate Fee** Second Group	$		0.00

SEVENTY-FIFTH SUBSCRIBER GROUP				SEVENTY-SIXTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts Third Group	$		0.00	Gross Receipts Fourth Group	$		0.00
Base Rate Fee Third Group	$		0.00	**Base Rate Fee** Fourth Group	$		0.00

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)

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9

Computation

of

Base Rate Fee

and

Syndicated

Exclusivity

Surcharge

for

Partially

Distant

Stations

U.S. Copyright Office

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	**SYSTEM ID#**	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

SEVENTY-SEVENTH SUBSCRIBER GROUP				SEVENTY-EIGHTH SUBSCRIBER GROUP				Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
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 First Group	$		0.00	Gross Receipts Second Group	$		0.00	
Base Rate Fee First Group	$		0.00	**Base Rate Fee** Second Group	$		0.00	

SEVENTY-NINTH SUBSCRIBER GROUP				EIGHTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group	$		0.00	Gross Receipts Fourth Group	$		0.00	
Base Rate Fee Third Group	$		0.00	**Base Rate Fee** Fourth Group	$		0.00	

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	

9

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

EIGHTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts First Group	$ 0.00
Base Rate Fee First Group	$ 0.00

EIGHTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Second Group	$ 0.00
Base Rate Fee Second Group	$ 0.00

EIGHTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Third Group	$ 0.00
Base Rate Fee Third Group	$ 0.00

EIGHTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Fourth Group	$ 0.00

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	

9

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

EIGHTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

EIGHTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

EIGHTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

EIGHTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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) $

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

9

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

EIGHTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00
Gross Receipts First Group $ 0.00
Base Rate Fee First Group $ 0.00

NINTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00
Gross Receipts Second Group $ 0.00
Base Rate Fee Second Group $ 0.00

NINETY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00
Gross Receipts Third Group $ 0.00
Base Rate Fee Third Group $ 0.00

NINETY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00
Gross Receipts Fourth Group $ 0.00
Base Rate Fee Fourth Group $ 0.00

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) $

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	

9

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

NINETY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

NINETY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

NINETY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

NINETY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP				**9**

NINETY-SEVENTH SUBSCRIBER GROUP				NINETY-EIGHTH SUBSCRIBER GROUP				Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
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 First Group	$		0.00	Gross Receipts Second Group	$		0.00	
Base Rate Fee First Group	$		0.00	**Base Rate Fee** Second Group	$		0.00	

NINETY-NINTH SUBSCRIBER GROUP				ONE HUNDREDTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group	$		0.00	Gross Receipts Fourth Group	$		0.00	
Base Rate Fee Third Group	$		0.00	**Base Rate Fee** Fourth Group	$		0.00	

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

9

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

ONE HUNDRED FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

ONE HUNDRED SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

ONE HUNDRED THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

ONE HUNDRED FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs 0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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)

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FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

9

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

ONE HUNDRED FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **0.00**

Base Rate Fee First Group $ **0.00**

ONE HUNDRED SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **0.00**

Base Rate Fee Second Group $ **0.00**

ONE HUNDRED SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **0.00**

Base Rate Fee Third Group $ **0.00**

ONE HUNDRED EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **0.00**

Base Rate Fee Fourth Group $ **0.00**

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | **9** |

9

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

ONE HUNDRED NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts First Group	$ 0.00
Base Rate Fee First Group	$ 0.00

ONE HUNDRED TENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Second Group	$ 0.00
Base Rate Fee Second Group	$ 0.00

ONE HUNDRED ELEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Third Group	$ 0.00
Base Rate Fee Third Group	$ 0.00

ONE HUNDRED TWELVTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Fourth Group	$ 0.00

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP				

9

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

ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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) $

ACCOUNTING PERIOD: 2021/1

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

			9
			Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations

ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		0.00
Gross Receipts First Group	$	0.00
Base Rate Fee First Group	$	0.00

ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		0.00
Gross Receipts Second Group	$	0.00
Base Rate Fee Second Group	$	0.00

ONE HUNDRED NINTEENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		0.00
Gross Receipts Third Group	$	0.00
Base Rate Fee Third Group	$	0.00

ONE HUNDRED TWENTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		0.00
Gross Receipts Fourth Group	$	0.00
Base Rate Fee Fourth Group	$	0.00

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

9

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

ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		0.00
Gross Receipts First Group	$	0.00
Base Rate Fee First Group	$	0.00

ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		0.00
Gross Receipts Second Group	$	0.00
Base Rate Fee Second Group	$	0.00

ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		0.00
Gross Receipts Third Group	$	0.00
Base Rate Fee Third Group	$	0.00

ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs		0.00
Gross Receipts Fourth Group	$	0.00
Base Rate Fee Fourth Group	$	0.00

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)

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Nonpermitted 3.75 Stations

ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

9

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

ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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)

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		**9**

ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts First Group	$ 0.00
Base Rate Fee First Group	$ 0.00

ONE HUNDRED THIRTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Second Group	$ 0.00
Base Rate Fee Second Group	$ 0.00

9

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

ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Third Group	$ 0.00
Base Rate Fee Third Group	$ 0.00

ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA	0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00
Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Fourth Group	$ 0.00

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)

$

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	

ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP		ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP	
COMMUNITY/ AREA 0		COMMUNITY/ AREA 0	

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

ONE HUNDRED THIRTY-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

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

$

9

Computation

of

Base Rate Fee

and

Syndicated

Exclusivity

Surcharge

for

Partially

Distant

Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP						**9**

ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **0.00**

Base Rate Fee First Group $ **0.00**

ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **0.00**

Base Rate Fee Second Group $ **0.00**

9

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

ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **0.00**

Base Rate Fee Third Group $ **0.00**

ONE HUNDRED FORTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth Group $ **0.00**

Base Rate Fee Fourth Group $ **0.00**

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)

$

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	

9

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

ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA — 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs — 0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA — 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs — 0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA — 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs — 0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA — 0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs — 0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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)

$

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP				**9**

9

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

ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP

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 First Group	$ 0.00	Gross Receipts Second Group	$ 0.00
Base Rate Fee First Group	$ 0.00	**Base Rate Fee** Second Group	$ 0.00

ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP

COMMUNITY/ AREA 0

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group	$ 0.00	Gross Receipts Fourth Group	$ 0.00
Base Rate Fee Third Group	$ 0.00	**Base Rate Fee** Fourth Group	$ 0.00

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)

$

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							

9

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

ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP				ONE HUNDRED FIFTIETH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts First Group	$		0.00	Gross Receipts Second Group	$		0.00
Base Rate Fee First Group	$		0.00	**Base Rate Fee** Second Group	$		0.00

ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP				ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs			0.00	Total DSEs			0.00
Gross Receipts Third Group	$		0.00	Gross Receipts Fourth Group	$		0.00
Base Rate Fee Third Group	$		0.00	**Base Rate Fee** Fourth Group	$		0.00

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)

$

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

9

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

ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts First Group $ 0.00

Base Rate Fee First Group $ 0.00

ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Second Group $ 0.00

Base Rate Fee Second Group $ 0.00

ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Third Group $ 0.00

Base Rate Fee Third Group $ 0.00

ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP

COMMUNITY/ AREA   0

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs   0.00

Gross Receipts Fourth Group $ 0.00

Base Rate Fee Fourth Group $ 0.00

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) $

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	**003838**	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP					**9**

ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP

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 First Group $	0.00	Gross Receipts Second Group $	0.00
Base Rate Fee First Group $	0.00	**Base Rate Fee** Second Group $	0.00

ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

ONE HUNDRED SIXTIETH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs	0.00	Total DSEs	0.00
Gross Receipts Third Group $	0.00	Gross Receipts Fourth Group $	0.00
Base Rate Fee Third Group $	0.00	**Base Rate Fee** Fourth Group $	0.00

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)

$

9
Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

FIRST SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs . . . . . _____

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . . _____ -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
First Group . . . . $ _____

SECOND SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . . _____

Line 2: Enter the Exempt DSEs . . . . . _____

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . . _____ -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Second Group . . . . $ _____

THIRD SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs. . _____

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . . _____ -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Third Group . . . . $ _____

FOURTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs. . _____

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . . _____ -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Fourth Group . . . . $ _____

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $ _____

FORM SA3E. PAGE 20.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of
this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as
Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown
in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . **$**

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . **$**

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

THIRTEENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs . . . . . _____

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   _____ -

**SYNDICATED EXCLUSIVITY
SURCHARGE**

First Group . . . . **$** _____

FOURTEENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . . _____

Line 2: Enter the Exempt DSEs . . . . . _____

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   _____ -

**SYNDICATED EXCLUSIVITY
SURCHARGE**

Second Group . . . . **$** _____

FIFTEENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs. . _____

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   _____ -

**SYNDICATED EXCLUSIVITY
SURCHARGE**

Third Group . . . . **$** _____

SIXTEENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs. . _____

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   _____ -

**SYNDICATED EXCLUSIVITY
SURCHARGE**

Fourth Group . . . . **$** _____

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown
in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . **$** _____

FORM SA3E. PAGE 20.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.** | **SYSTEM ID#** **003838** |

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

SEVENTEENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

First Group . . . . $

EIGHTEENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

Second Group . . . . $

NINEENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

Third Group . . . . $

TWENTYTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**

SYSTEM ID#
003838

9

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

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

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

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

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

TWENTY-FIFTH SUBSCRIBER GROUP	TWENTY-SIXTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs . . . . . .
Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs . . . . .
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -
SYNDICATED EXCLUSIVITY SURCHARGE First Group . . . . $	**SYNDICATED EXCLUSIVITY SURCHARGE** Second Group . . . . $

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

FORM SA3E. PAGE 20.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

TWENTY-NINTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -

SYNDICATED EXCLUSIVITY SURCHARGE

First Group . . . . $

THIRTIETH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -

SYNDICATED EXCLUSIVITY SURCHARGE

Second Group . . . . $

THIRTY-FIRST SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -

SYNDICATED EXCLUSIVITY SURCHARGE

Third Group . . . . $

THIRTY-SECOND SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -

SYNDICATED EXCLUSIVITY SURCHARGE

Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Form SA3E Long Form (Rev. 05-17)

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

THIRTY-SEVENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs . . . . . _____

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . _____ -

SYNDICATED EXCLUSIVITY SURCHARGE

First Group . . . . $ _____

THIRTY-EIGHTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . . _____

Line 2: Enter the Exempt DSEs . . . . . _____

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . _____ -

SYNDICATED EXCLUSIVITY SURCHARGE

Second Group . . . . $ _____

THIRTY-NINTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs. . _____

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . _____ -

SYNDICATED EXCLUSIVITY SURCHARGE

Third Group . . . . $ _____

FORTIETH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs. . _____

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . _____ -

SYNDICATED EXCLUSIVITY SURCHARGE

Fourth Group . . . . $ _____

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $ _____

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

FORTY-FIFTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE
First Group . . . . $

FORTY-SIXTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE
Second Group . . . . $

FORTY-SEVENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE
Third Group . . . . $

FORTY-EIGHTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE
Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	003838

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

9

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

FORTY-NINTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

First Group . . . . $

FIFTIETH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

Second Group . . . . $

FIFTY-FIRST SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

Third Group . . . . $

FIFTY-SECOND SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Form SA3E Long Form (Rev. 05-17)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	**003838**

9

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

**Computation
of
Base Rate Fee
and
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BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

SIXTY-FIRST SUBSCRIBER GROUP	SIXTY-SECOND SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
First Group . . . .   **$**

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Second Group . . . .   **$**

SIXTY-THIRD SUBSCRIBER GROUP	SIXTY-FOURTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Third Group . . . .   **$**

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Fourth Group . . . .   **$**

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . .   **$**

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

SIXTY-FIFTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs . . . . . _____

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . _____ -

SYNDICATED EXCLUSIVITY SURCHARGE
First Group . . . . $ _____

SIXTY-SIXTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . . _____

Line 2: Enter the Exempt DSEs . . . . . _____

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . _____ -

SYNDICATED EXCLUSIVITY SURCHARGE
Second Group . . . . $ _____

SIXTY-SEVENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs. . _____

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . _____ -

SYNDICATED EXCLUSIVITY SURCHARGE
Third Group . . . . $ _____

SIXTY-EIGHTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs. . _____

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . _____ -

SYNDICATED EXCLUSIVITY SURCHARGE
Fourth Group . . . . $ _____

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $ _____

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

SIXTY-NINTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs . . . . . _____

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . _____ -

SYNDICATED EXCLUSIVITY SURCHARGE
First Group . . . . $ _____

SEVENTIETH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . . _____

Line 2: Enter the Exempt DSEs . . . . . _____

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . _____ -

SYNDICATED EXCLUSIVITY SURCHARGE
Second Group . . . . $ _____

SEVENTY-FIRST SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs. . _____

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . _____ -

SYNDICATED EXCLUSIVITY SURCHARGE
Third Group . . . . $ _____

SEVENTY-SECOND SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . _____

Line 2: Enter the Exempt DSEs. . _____

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . _____ -

SYNDICATED EXCLUSIVITY SURCHARGE
Fourth Group . . . . $ _____

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $ _____

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	**CABLE ONE, INC.**	**003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

SEVENTY-THIRD SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

First Group . . . . $

SEVENTY-FOURTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

Second Group . . . . $

SEVENTY-FIFTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

Third Group . . . . $

SEVENTY-SIXTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

SEVENTY-SEVENTH SUBSCRIBER GROUP	SEVENTY-EIGHTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .   Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .   Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
First Group . . . . $

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Second Group . . . . $

SEVENTY-NINTH SUBSCRIBER GROUP	EIGHTIETH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .   Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .   Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Third Group . . . . $

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

FORM SA3E. PAGE 20.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

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

9

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Form SA3E Long Form (Rev. 05-17)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

EIGHTY-FIFTH SUBSCRIBER GROUP	EIGHTY-SIXTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs . . . . . .
Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs . . . . .
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -
SYNDICATED EXCLUSIVITY SURCHARGE First Group . . . . $	**SYNDICATED EXCLUSIVITY SURCHARGE** Second Group . . . . $

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

EIGHTY-NINTH SUBSCRIBER GROUP	NINETIETH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs . . . . . .
Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs . . . . .
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -

SYNDICATED EXCLUSIVITY SURCHARGE
    First Group . . . . $
	SYNDICATED EXCLUSIVITY SURCHARGE
	    Second Group . . . . $

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

SYNDICATED EXCLUSIVITY SURCHARGE
    Third Group . . . . $
	SYNDICATED EXCLUSIVITY SURCHARGE
	    Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

NINETY-SEVENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

First Group . . . . $

NINETY-EIGHTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

Second Group . . . . $

NINETY-NINTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

Third Group . . . . $

ONE HUNDREDTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

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**Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
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for
Partially
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Stations**

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of
this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as
Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

ONE HUNDRED FIFTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
First Group . . . . $

ONE HUNDRED SIXTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Second Group . . . . $

ONE HUNDRED SEVENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Third Group . . . . $

ONE HUNDRED EIGHTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown
in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 20.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

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**Computation
of
Base Rate Fee
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Syndicated
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Surcharge
for
Partially
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Stations**

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
First Group . . . . $

ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Second Group . . . . $

ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Third Group . . . . $

ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

FORM SA3E. PAGE 20.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
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**Computation
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BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Form SA3E Long Form (Rev. 05-17)

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
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BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -

SYNDICATED EXCLUSIVITY SURCHARGE

First Group . . . . $

ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -

SYNDICATED EXCLUSIVITY SURCHARGE

Second Group . . . . $

ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -

SYNDICATED EXCLUSIVITY SURCHARGE

Third Group . . . . $

ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . -

SYNDICATED EXCLUSIVITY SURCHARGE

Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
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**Computation
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BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
   First Group . . . . $

ONE HUNDRED THIRTIETH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
   Second Group . . . . $

ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
   Third Group . . . . $

ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
   Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	**003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
First Group . . . . $

ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Second Group . . . . $

ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Third Group . . . . $

ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1
and enter here. This is the
total number of DSEs for
this subscriber group
subject to the surcharge
computation . . . .   -

**SYNDICATED EXCLUSIVITY
SURCHARGE**
Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

FORM SA3E. PAGE 20.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

    First Group . . . . $

ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . . . .

Line 2: Enter the Exempt DSEs . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

    Second Group . . . . $

ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

    Third Group . . . . $

ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . .   -

SYNDICATED EXCLUSIVITY SURCHARGE

    Fourth Group . . . . $

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Form SA3E Long Form (Rev. 05-17)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $

FORM SA3E. PAGE 20.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC. | **SYSTEM ID#**
003838 |

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . .   **$**

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **CABLE ONE, INC.**	**SYSTEM ID#** **003838**

9

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

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

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

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

INSTRUCTIONS:

Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.

Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.

Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.

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

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

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . $